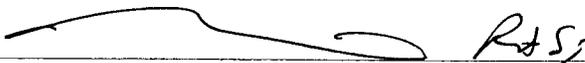


# VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm  
State of Alaska

OCT 22 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

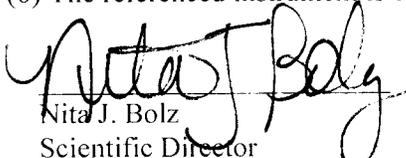
Supervisor/Operator Performing the Verification Procedure:		Datamaster cdm S/N	130309 ✓
Name		Ronny Simonson	ID# 5723 Date 10-16-09 ✓
A	Agency	AST	Phone # 373-8324
Instrument Location		Mat Su West ✓	
B	Alco S/N	31085 ✓	Target Value .082 ✓ High Pressure 1100
Alco Test Value Average		.083	.082
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature			10/16/09

(OVER)

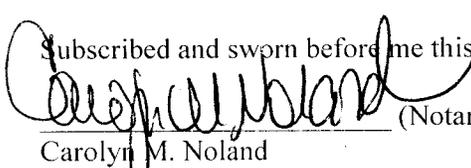
(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

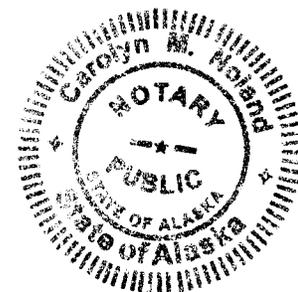
- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 16<sup>th</sup> day of Nov, 2009.

  
(Notary Seal Stamp)

Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# VERIFICATION OF CALIBRATION REPORT

of Datamaster cdm

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Datamaster cdm S/N 130309 ✓

(CONTINUED FROM FRONT PAGE)

C TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

## NONDRINKING SUBJECT TEST

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130309

OCTOBER 16, 2009 ✓ *COB 10/27/09*

OPERATOR'S NAME:  
OPERATOR

OPERATOR'S NUMBER: 5123

SUBJECT'S LAST NAME:

VERIFICATION#NOFCAL

SUBJECT'S FIRST NAME/MI :

F

O.L. #: 1

DEPT/AGENCY: PLM0

CASE/REPORT: 1

TEST TYPE: V

ALCO TARGET VALUE: .002 ✓

ALCO S/N: 31005 ✓

— BREATH ANALYSIS —

.002 ADJUSTED FOR 29.41 in		
ALCO TARGET	.000	19:14
BLANK TEST	.000	19:15
INTERNAL STANDARD	VERIFIED	19:15
ALCO TU 29.41 in	.003 ✓	19:16
BLANK TEST	.000	19:16
SUBJECT SAMPLE	.000	19:17
BLANK TEST	.000	19:18
ALCO TU 29.41 in	.002 ✓	19:18
BLANK TEST	.000	19:19

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130309

OCTOBER 16, 2009 ✓

TIME 19:20

— DIAGNOSTIC CHECK —

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	42c
BAROMETER:	29.41 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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pqrstuvwxyz{|}~■