

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130570</u>
Name		<u>SWARAN Singh</u>	ID# <u>4945</u> Date <u>4/14/08</u>
A	Agency	<u>APD</u>	Phone # <u>786-8856</u>
Instrument Location		<u>4th Ave SUB</u>	
Alco S/N		<u>X 124623</u>	Target Value <u>.080</u> High Pressure <u>1300</u>
B	Alco Test Values	<u>.082</u> 1 st Alco	<u>.081</u> 2 nd Alco
Signature		<u>[Signature]</u> COB 4/15/08	

(OVER)

Under the Alaska Rules of Evidence, I certify that;
(Do Not write in the area below)

(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Swaran Singh, whose name appears in my records, is qualified to verify the calibration of the above instrument.

(c) This instrument is certified for evidentiary use and these records are being retained as original documents in my custody.

Signed and sealed,



[Signature] 4/20/08
Date
Jeanne Swartz
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130570

(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 130570

APRIL 14, 2008

OPERATOR'S NAME:

SINGH/SWARAN/ANSON

OPERATOR'S NUMBER: 4345

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/NI:

L

O.L. #: L

DEPT/AGENCY: ANCI

CASE/REPORT:

TEST TYPE: V

ALCO TARGET VALUE: .000

ALCO S/N: X124623

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.68 in
ALCO TARGET .079 00:20
BLANK TEST .000 00:21
INTERNAL STANDARD VERIFIED 00:21
ALCO TV 29.68 in .032 00:21
BLANK TEST .000 00:22
SUBJECT SAMPLE .000 00:22
BLANK TEST .000 00:23
ALCO TV 29.68 in .001 00:23
BLANK TEST .000 00:24

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130570

APRIL 14, 2008

TIME 00:15

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 05/20/01

HEATERS

SAMPLE CHAMBER: 50c

BREATH TUBE: 41c

BAROMETER: 29.68 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!@#%&'()*+,-./0123456789:;<=>?@ABCDEF
GHIJKLMNOPQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrstuvwxyz{|}~`