

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>130579</u>	
Name <u>J Swartz</u>		ID# <u>4314</u>	Date <u>11/3/09</u>
A	Agency <u>SCDL</u>	Phone # <u>269-5592</u>	
Instrument Location <u>SCDL</u>			
Alco S/N <u>SC07708</u>		Target Value <u>.086</u>	High Pressure <u>1000 psi</u>
B	Alco Test Values	<u>.077</u> <small>Emp 2/9/09</small>	<u>.076</u> <small>Emp 2/9/09</small>
		1 st Alco	2 nd Alco
Signature <u>J Swartz</u>		<u>CS</u> <u>2/9/09</u>	

(OVER)

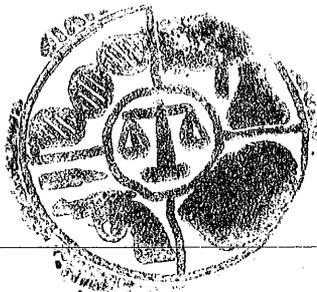
Under the Alaska Rules of Evidence, I certify that: (Do not write in the area below)

(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, Jeanne M Swartz, 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,



J Swartz

Jeanne Swartz
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

2/9/09

Date

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of DataMaster cdm breath Test Instrument

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Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130579

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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 130579

JANUARY 03, 2009

OPERATOR'S NAME:

SWARTZ/J

OPERATOR'S NUMBER: 4314

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

L

O.L. #: L

DEPT/AGENCY: AAA1

CASE/REPORT:

TEST TYPE: V

ALCO TARGET VALUE: 0.08

ALCO S/N: SCOTT08

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.57 in
ALCO TARGET .079 13:07
BLANK TEST .000 13:08
INTERNAL STANDARD VERIFIED 13:08
ALCO TV 29.57 in .077 13:08
BLANK TEST .000 13:09
SUBJECT SAMPLE .000 13:11
BLANK TEST .000 13:12
ALCO TV 29.57 in .076 13:13
BLANK TEST .000 13:13

J 1/3/09

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130579

JANUARY 03, 2009

TIME 13:05

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 12/11/08
HEATERS
SAMPLE CHAMBER: 49c
BREATH TUBE: 42c
BAROMETER: 29.57 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

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H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~