

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

MAR 16 2009

DataMaster cdm S/N: 130584

Supervisor/Operator Performing the Verification Procedure:

Name Supt. James R. R. Rea

ID# 3161

Date 03-10-09

A Agency Kotzebue Police Department

Phone # 907-442-3352

Instrument Location Kotzebue Regional Jail 258d rm#107 Fourth Avenue Kotzebue, AK 99752

Alco S/N X172931

Target Value .084

High Pressure 080

Alco Test Values:

.084
1st Alco

.084
2nd Alco

B

Signature _____

Supt. James R. R. Rea
(OVER)

008
3/16/09

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, James Rea, 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,



Jeanne Swartz

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

3/16/09

Date

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of DataMaster cdm breath Test Instrument

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(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 130584

MARCH 10, 2009 ✓
COB 9/24/09

OPERATOR'S NAME: _____
REP: JONES/RP
OPERATOR'S NUMBER: 3161
SUBJECT'S LAST NAME: _____
VERIFICATION OF CAL _____
SUBJECT'S FIRST NAME/MI: _____
VERIFICATION OF CAL _____
D.L. #: 03102009
DEPT/AGENCY: OTZI
CASE/REPORT: 03102009
TEST TYPE: V
ALCO TARGET VALUE: .004 ✓
ALCO S/N: X172931 ✓

--- BREATH ANALYSIS ---

.004 ADJUSTED FOR 30.09 in		
ALCO TARGET	.004	17:55
BLANK TEST	.000	17:56
INTERNAL STANDARD	VERIFIED	17:56
ALCO TV 30.09 in	.004 ✓	17:56
BLANK TEST	.000	17:57
SUBJECT SAMPLE	.000	17:58
BLANK TEST	.000	17:58
ALCO TV 30.09 in	.004 ✓	17:59
BLANK TEST	.000	18:00

COB 9/24/09

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130584

MARCH 10, 2009 ✓
TIME 13:01

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS: _____
SAMPLE CHAMBER: 49c
BREATH TUBE: 42c
BAROMETER: 30.09 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST
!@#%&'()*+,-./0123456789:;<=>?@BCDEF6
HIJKLMNOPQRSTUVWXYZ \] ^ _ ` abcdefghijklmnop
qrstuvwxyz{|}~