

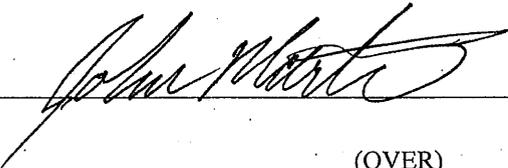
DEC 12 2007

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>130142</u>
Name	<u>John Martin</u>	ID#	<u>6101</u>
Date	<u>10 December 07</u>		
A	Agency	<u>Provost Marshal Office, FRN4</u>	Phone # <u>384-3883</u>
Instrument Location <u>Bldg #656 A Street FT Richardson, AK 99505</u>			
Alco S/N: <u>78895</u>		Target Value	<u>.075</u>
		High Pressure	<u>750</u>
B	Alco Test Values	<u>.076</u>	<u>.075</u>
	1 st Alco	2 nd Alco	
Signature			<u>CB</u> <u>12/14/07</u>
(OVER)			

(Do Not write in the area below)

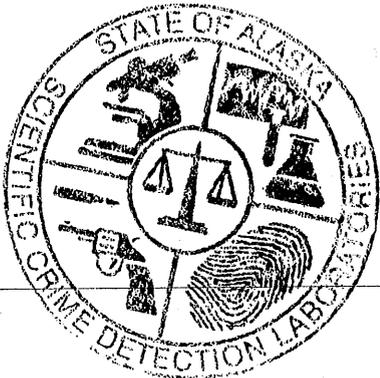
Under the Alaska Rules of Evidence, I certify that;

(a) I am Jeanne Swartz, Criminalist 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, John Martin, 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
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

12/19/07

Date

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 130142

(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 130142

DECEMBER 10, 2007

OPERATOR'S NAME: *COB*
MARTIN/JOHN/B *D17/1A*

OPERATOR'S NUMBER: 6101

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/MI :

NA

O.L. #: NA

DEPT/AGENCY: FRN4

CASE/REPORT: NA

TEST TYPE: U

ALCO TARGET VALUE: .075

ALCO S/N: 78895

--- BREATH ANALYSIS ---

.075 ADJUSTED FOR 29.54 in
ALCO TARGET .074 05:47
BLANK TEST .000 05:48
INTERNAL STANDARD VERIFIED 05:48
ALCO TV 29.54 in .076 05:49
BLANK TEST .000 05:50
SUBJECT SAMPLE .000 *COB* 05:50
BLANK TEST .000 *D17/1A* 05:51
ALCO TV 29.54 in .075 05:52
BLANK TEST .000 05:53

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130142

DECEMBER 10, 2007

TIME 05:53

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 03/29/00

HEATERS
SAMPLE CHAMBER: 48c
BREATH TUBE: 44c

BAROMETER: 29.54 in

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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