

# 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>130175</u>	
Name <u>J Swartz</u>		ID# <u>4314</u>	Date <u>12/3/07</u>
A	Agency <u>SCDL</u>	Phone # <u>269-5592</u>	
Instrument Location <u>SCDL</u>			
Alco S/N <u>SCOTT07</u>		Target Value <u>.080</u>	High Pressure <u>600 psi</u>
B	Alco Test Values	<u>.075</u>	<u>.075</u>
		1 <sup>st</sup> Alco	2 <sup>nd</sup> Alco
Signature <u>J Swartz</u>		<u>CAS</u> <u>2/8/08</u>	
(OVER)			

Under the Alaska Rules of Evidence, I certify that (If Not true, 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

4/12/08  
Date

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of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130175

(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 130175

DECEMBER 03, 2007

OPERATOR'S NAME: *COB 1/8/08*  
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: U  
ALCO TARGET VALUE: .000  
ALCO S/N: SCOTT07

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.52 in		
ALCO TARGET	.078	10:29
BLANK TEST	.000	10:30
INTERNAL STANDARD	VERIFIED	10:30
ALCO TV 29.52 in	.075	10:30
BLANK TEST	.000	10:31
SUBJECT SAMPLE	<i>0.000</i>	10:32
BLANK TEST	.000	10:32
ALCO TV 29.52 in	.075	10:33
BLANK TEST	.000	10:33

*12/3/07*

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130175

DECEMBER 03, 2007  
TIME 10:28

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 40c  
BAROMETER: 29.52 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST

! " # % & ' ( ) \* + , - . / 0 1 2 3 4 5 6 7 8 9 : ; ( = ) ? @ 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 [ \ ] ^ \_ ` 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 { | } ~