

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>130 176</u> ✓
A	Name	<u>J Swartz</u>	ID# <u>4314</u> Date <u>10/29/08</u>
	Agency	<u>SCDL</u>	Phone # <u>269-5592</u>
	Instrument Location	<u>SCDL</u>	
B	Alco S/N	<u>A6 4098</u> ✓	Target Value <u>.080</u> ✓ High Pressure <u>300 psi</u>
	Alco Test Values	<u>.083</u> ✓ 1 st Alco	<u>.084</u> ✓ 2 nd Alco
Signature		<u>J Swartz</u> ✓	<u>11/18/08</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

11/18/08
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

8 130176
13018 ✓

(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 130176

OCTOBER 29, 2000 ✓

OPERATOR'S NAME:

SMARTZ/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: AG4098

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 29.93 in
ALCO TARGET .000 20:23
BLANK TEST .000 20:24
INTERNAL STANDARD (VERIFIED) 20:24
ALCO TV 29.91 in .003 ✓ 20:24
BLANK TEST .000 20:25
SUBJECT SAMPLE ~~.000~~ 20:26
BLANK TEST .000 20:27
ALCO TV 29.91 in .004 ✓ 20:27
BLANK TEST .000 20:28

8 10/29/00

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130176

OCTOBER 29, 2000 ✓
TIME 20:18

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 29.93 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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