

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 <u>130183</u> | |
| Supervisor/Operator Performing the Verification Procedure: | |
| Name <u>HUTT, William T.</u> | ID# <u>3359</u> Date <u>07/08/08</u> ✓ |
| A Agency <u>Homer Police Dept. / Jail</u> | Phone # <u>235-3150</u> <u>235-3151 (fax)</u> |
| Instrument Location <u>4060 Heath St. Homer, AK 99603</u> ✓ | |
| B Alco S/N <u>75260</u> ✓ Target Value <u>.079</u> ✓ High Pressure <u>1100 psi</u> | |
| Alco Test Value Average <u>.074</u> ✓ 1 st Alco | |
| <u>.080</u> ✓ 2 nd Alco | |
| Signature <u>William T. Hutt</u> | <u>CSB</u> <u>7/11/08</u> |

(OVER)

(Do Not write in the area below)

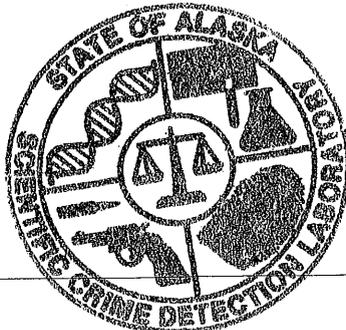
Under the Alaska Rules of Evidence, I certify that;

(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, William Hutt, 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,



Swartz

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

7/13/08
Date

BT9 03/00

JUL 10 2008

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 130183

(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 130183

JULY 08, 2008

OPERATOR'S NAME:

MUTT, WILLIAM T

OPERATOR'S NUMBER: 3359

SUBJECT'S LAST NAME:

VERIFICATION OF CAL

SUBJECT'S FIRST NAME/NI :

ETOH

O.L. #: 01234567

DEPT/AGENCY: HOM1

CASE/REPORT: 08-0000

TEST TYPE: U

ALCO TARGET VALUE: .079 ✓

ALCO S/N: 75260 ✓

--- BREATH ANALYSIS ---

| | | |
|----------------------------|----------|-------|
| .079 ADJUSTED FOR 29.90 in | | |
| ALCO TARGET | .078 | 17:06 |
| BLANK TEST | .000 | 17:07 |
| INTERNAL STANDARD | VERIFIED | 17:07 |
| ALCO TV 29.90 in | .074 ✓ | 17:08 |
| BLANK TEST | .000 | 17:08 |
| SUBJECT SAMPLE | .000 | 17:09 |
| BLANK TEST | .000 | 17:10 |
| ALCO TV 29.90 in | .080 | 17:11 |
| BLANK TEST | .000 | 17:12 |

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130183

JULY 08, 2008
TIME 17:00

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 49c

BREATH TUBE: 42c

BAROMETER: 29.90 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

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MNPQRSTUVWXYZ[\]^_`abcdefgijklmnop
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