

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument
State of Alaska

MAR 24 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130187
Name	Dan Pasquariello	ID#	2620
		Date	3-05-09
A	Agency	Dillingham PD	Phone # 842-5354
	Instrument Location	Dillingham PD	
Alco S/N		78855	Target Value .085
			High Pressure 700 psi
B	Alco Test Value Average	.085	.084
		1 st Alco	2 nd Alco
Signature			
		003 3/24/09	

(OVER)

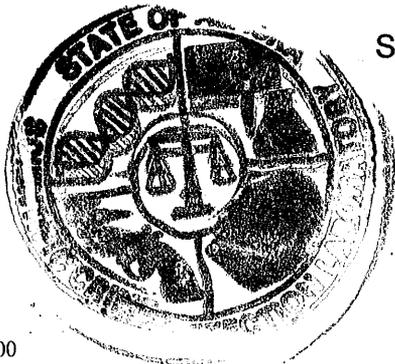
(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that:

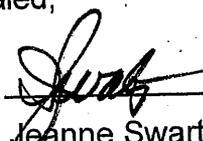
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director Designee of the State Breath Alcohol Testing Program.

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Daniel Pasquariello Jr., 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

3/24/09

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 130187 ✓

(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 130187
MARCH 05, 2009
OPERATOR'S NAME: PASQUARIELLO, DAN
OPERATOR'S NUMBER: 2620
SUBJECT'S LAST NAME:
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :
VERIFICATION OF CAL
O.L. #: 1234567890
DEPT/AGENCY: DL01
CASE/REPORT: 1234567890
TEST TYPE: U
ALCO TARGET VALUE: .085 ✓
ALCO S/N: 78855 ✓

--- BREATH ANALYSIS ---

.085 ADJUSTED FOR 30.20 in		
ALCO TARGET	.085	18:12
BLANK TEST	.000	18:13
INTERNAL STANDARD	VERIFIED	18:13
ALCO TO 30.20 in	.085 ✓	18:13
BLANK TEST	.000	18:14
SUBJECT SAMPLE	.000	18:15
BLANK TEST	.000	18:15
ALCO TO 30.20 in	.084 ✓	18:16
BLANK TEST	.000	18:17

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130187
MARCH 05, 2009 ✓
TIME 18:17

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01

HEATERS
SAMPLE CHAMBER: 48c
BREATH TUBE: 42c

BAROMETER: 30.20 in

FLOW DETECTOR: OKAY

PUMP
HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST
!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGHI
HIJKLMNOPQRSTUVWXYZ\]^_`abcdefgijklmnop
qrsuvwxyz{|}~■