

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 ✓

JULY 03, 2009

OPERATOR'S NAME: PASQUARIELLO, DAN
OPERATOR'S NUMBER: 2620
SUBJECT'S LAST NAME: UOC
SUBJECT'S FIRST NAME/MI: UOC

O.L. #: 1234567890
DEPT/AGENCY: DL61
CASE/REPORT: 1234567890
TEST TYPE: U
ALCO TARGET VALUE: .085 ✓
ALCO S/N: 78855 ✓

— BREATH ANALYSIS —

.085 ADJUSTED FOR 30.46 in
ALCO TARGET .086 18:44
BLANK TEST .000 18:45
INTERNAL STANDARD VERIFIED 18:45
ALCO TU 30.46 in .085 ✓ 18:45
BLANK TEST .000 18:46
SUBJECT SAMPLE .000 18:47
BLANK TEST .000 18:48
ALCO TU 30.46 in .086 ✓ 18:48
BLANK TEST .000 18:49

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130187

JULY 03, 2009 ✓
TIME 18:50

— DIAGNOSTIC CHECK —

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 40c
BREATH TUBE: 42c
BAROMETER: 30.48 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!*"#%&'()*+,-./0123456789:;<=>?@ABCDEF6
HIJKLMNPOQRSTUVWXYZ[\]^_`abcdefgijklmnop
qrsstuvwxyz{|}~||

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

JUL 13 2009

Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	130187
Name <u>Dan Pasquariello</u>		ID#	2620
Date		7-03-09	
A	Agency <u>Dillingham PD</u>	Phone #	842-5354
Instrument Location		<u>Dillingham PD</u>	
Alco S/N <u>78855</u>		Target Value	<u>.085</u>
High Pressure		<u>200 psi</u>	
B	Alco Test Value Average	<u>.085</u>	<u>.086</u>
	1 st Alco	2 nd Alco	
Signature <u>[Signature]</u>		<u>[Signature]</u>	

CB
7/13/09

(OVER)

(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

(6) The referenced instrument is certified for evidentiary use in the State of Alaska.

[Signature]
Nita J. Bolz
Scientific Director
State Breath Alcohol Program

Subscribed and sworn before me this 13 day of Aug 2009.

[Signature]
Carolyn M. Noland
Notary Public, State of Alaska
Commission Expires with Office

