

# 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>130195</u> ✓	
Supervisor/Operator Performing the Verification Procedure:	
Name <u>Robert J. Ely</u>	ID# <u>2681</u> Date <u>11-02-2008</u> ✓
Agency <u>Craig Police Department</u>	Phone # <u>(907) 826-3330</u>
Instrument Location <u>506 2<sup>nd</sup> Street, Craig Alaska 99921</u>	
Alco S/N <u>77286</u> ✓	Target Value <u>.079</u> ✓ High Pressure <u>550</u> PSI
Alco Test Value Average <u>.080</u> ✓ 1 <sup>st</sup> Alco	<u>.080</u> ✓ 2 <sup>nd</sup> Alco
Signature <u>Robert J. Ely</u>	<u>CS</u> <u>11/18/08</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, Robert J Ely, 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

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

11/19/08

Date

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of DataMaster cdm Breath Test Instrument

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DataMaster cdm S/N 130195 ✓

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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 130195  
NOVEMBER 02, 2008 ✓  
OPERATOR'S NAME: ELY, RJ  
OPERATOR'S NUMBER: 2681  
SUBJECT'S LAST NAME:  
VERIFICATION OF CAL  
SUBJECT'S FIRST NAME/NI:  
USER OF CAL:  
DIL #1 123456789  
DEPT/AGENCY: CRG1  
CASE REPORT: 2000-XXXX  
TEST TYPE: U  
ALCO TARGET VALUE: .079 ✓  
ALCO S/N: 77286 ✓

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 29.26 in		
ALCO TARGET	.077	12:01
BLANK TEST	.000	12:02
INTERNAL STANDARD	VERIFIED	12:02
ALCO TO 29.26 in	.000 ✓	12:02
BLANK TEST	.000	12:03
SUBJECT SAMPLE	.000 ✓	12:04
BLANK TEST	.000	12:04
ALCO TO 29.26 in	.000 ✓	12:05
BLANK TEST	.000	12:05

Handwritten notes: *CRG1 11/2/08*

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130195  
NOVEMBER 02, 2008 ✓  
TIME 11:38

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	49c
BREATH TUBE:	42c
BAROMETER:	29.26 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST  
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qrstuvwxy{|}~