

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>130292</u>	
Name <u>John Wahl</u>		ID# <u>6393</u>	Date <u>4/1/2008</u> ✓
A	Agency <u>Haines Borough Police Department</u> ✓	Phone # <u>907-766-2121</u>	
Instrument Location <u>Haines Rural Jail Booking</u>			
Alco S/N <u>57324</u> ✓		Target Value <u>.080</u> ✓	High Pressure <u>500</u>
B	Alco Test Values	<u>.082</u> 1 st Alco	<u>.082</u> 2 nd Alco
Signature <u>John Wahl</u> ✓		CMB 8/18/08	
(OVER)			

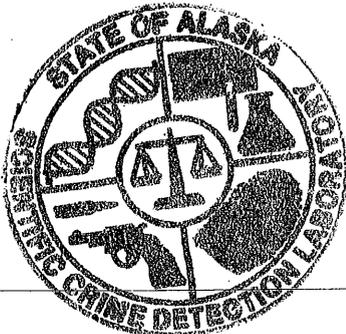
Under the Alaska Rules of Evidence, I certify that (in the area below)

(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, John Wahl, 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

8/20/08
Date

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of DataMaster cdm breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

DataMaster cdm S/N 130292 ✓

(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 130292

APRIL 01, 2008 ✓ *CSB 8/18/08*

OPERATOR'S NAME:
WAHL, JOHN A
OPERATOR'S NUMBER: 6393
SUBJECT'S LAST NAME:
VERIFICATION OF CAL
SUBJECT'S FIRST NAME/MI :
USER OF CAL
O.L. #: 1234567
DEPT/AGENCY: HNS1
CASE/REPORT: 00-040100
TEST TYPE: V
ALCO TARGET VALUE: 000 ✓
ALCO S/N: 57324 ✓

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 30.46 in		
ALCO TARGET	.001	00:01
BLANK TEST	.000	00:01
INTERNAL STANDARD	VERIFIED	00:02
*1 ALCO TV 30.46 in	.002 ✓	00:02
BLANK TEST	.000	00:03
SUBJECT SAMPLE	.000	00:03
BLANK TEST	.000	00:04
*2 ALCO TV 30.46 in	.002 ✓	00:04
BLANK TEST	.000	00:05

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130292

APRIL 01, 2008 ✓
TIME 07:57

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 49c
BREATH TUBE: 41c
BAROMETER: 30.48 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

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H I J K L M N O P Q R S T U V W X Y Z I \] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z i j k l m n o p q r s t u v w x y z i j k l m n o