

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>130296</u> ✓	
Name <u>John J. Waldron</u>		ID# <u>3392</u>	Date <u>03/24/09</u> ✓
Agency <u>Unalaska Department of Public Safety</u>		Phone <u>907-581-1233</u>	
Instrument Location <u>Unalaska Department of Public Safety, PO Box 370, 29 Safety Way, Unalaska, Ak., 99685</u>			
Alco S/N <u>X172985</u> <u>X301573</u> ³⁻²⁷⁻⁰⁹		Target Value <u>.083</u> ✓	High Pressure <u>800</u>
Alco Test Values		<u>.083</u> 1 st Test Value ✓	<u>.083</u> 2 nd Test Value ✓
Signature <u>[Handwritten Signature]</u> ✓		Date <u>3/27/09</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, John J. Waldron, 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,



[Handwritten Signature] _____
Date 3/27/09
Jeanne Swartz
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

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 130296 ✓

Supervisor/Operator & Number Performing the Verification Procedure: John J. Waldron, #3392
 Department and Date: Unalaska DPS,

(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

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
 DATAMASTER cdm 130296

MARCH 24, 2009 ✓ *COB 3/27/09*

OPERATOR'S NAME: WALDRON/JOHN/J
 OPERATOR'S NUMBER: 3392
 SUBJECT'S LAST NAME: UUC
 SUBJECT'S FIRST NAME/MI: UUC
 O.L. #: 0123456789
 DEPT/AGENCY: UNK1
 CASE/REPORT: 09-00000
 TEST TYPE: U
 ALCO TARGET VALUE: .083 ✓
 ALCO S/N: X172965 ✓

--- BREATH ANALYSIS ---

.083 ADJUSTED FOR 29.70 in		
ALCO TARGET	.082	15:47
BLANK TEST	.000	15:48
INTERNAL STANDARD	VERIFIED	15:48
ALCO TU 29.70 in	.083 ✓	15:49
BLANK TEST	.000	15:50
SUBJECT SAMPLE	.000	15:50
BLANK TEST	.000	15:51
ALCO TU 29.70 in	.083 ✓	15:51
BLANK TEST	.000	15:52

ALASKA DEPARTMENT OF PUBLIC SAFETY
 DATAMASTER cdm 130296

MARCH 24, 2009 ✓
 TIME 15:53

--- DIAGNOSTIC CHECK ---

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

HEATERS
 SAMPLE CHAMBER: 49c
 BREATH TUBE: 40c

BAROMETER: 29.70 in

FLOW DETECTOR: OKAY

PUMP
 HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=?@ABCDEFGHIJ
 KLMNOPQRSTUVWXYZ[\]^_`abcde fghi jklmno
 pqrstuvwxyz{|}~#