

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>JENNIFER L. SHOCKLEY</u>	ID# <u>4552</u> Date <u>31 MAR 08</u> ✓	
A Agency <u>UNALASKA DEPT. OF PUBLIC SAFETY</u> Phone # <u>907-581-1233</u>		
Instrument Location <u>UNALASKA DEPT. OF PUBLIC SAFETY</u>		
B Alco S/N <u>X301573</u> ✓ Target Value <u>.075</u> ✓ High Pressure <u>400</u>		
Alco Test Values	<u>.076</u> 1 st Alco	<u>.076</u> 2 nd Alco
Signature <u>[Signature]</u>	COB 4/8/08	
(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, Jennifer L Shockley, 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,

[Signature] 4/12/08
Date
Jeanne Swartz
Scientific Director Designee
State of Alaska
State Breath Alcohol Testing Program

BT9 06/03

APR 07 2008

