

# 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 Performing the Verification Procedure:

Name William Simms ID# 5214 Date 06/14/2008 ✓

A.

Agency Unalaska Department of Public Safety ✓ Phone 907-581-1233

Instrument Location Unalaska Department of Public Safety, PO Box 370, 29 Safety Way, Unalaska, Ak., 99685

Alco S/N X172969 ✓ Target Value .081 ✓ High Pressure 1200

B.

Alco Test Values  
1<sup>st</sup> Test Value .087 ✓ 2<sup>nd</sup> Test Value .088 ✓

Signature [Handwritten Signature] CSB  
7/3/08

(OVER)

(Do not write in the area below)

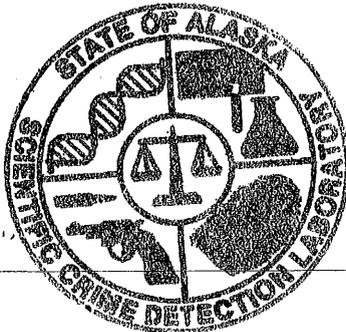
Under the Alaska Rules of Evidence, I certify that;

(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, William D Simms, 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] 7/7/08  
Date  
Jeanne Swartz  
Scientific Director Designee  
State of Alaska  
State Breath Alcohol Testing Program

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Supervisor/Operator & Number Performing the Verification Procedure: William Simms, 5214  
Department and Date: Unalaska DPS, June 14, 2008

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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 130296

JUNE 14, 2008 ✓  
*CSB 7/3/08*

OPERATOR'S NAME: SIMMS, WILLIAM D  
OPERATOR'S NUMBER: 5214  
SUBJECT'S LAST NAME: VER OF CAL  
SUBJECT'S FIRST NAME/NI: WILLIAM  
O.L.#: 0123456  
DEPT/AGENCY: UNK1  
CASE/REPORT: 00-000000  
TEST TYPE: V  
ALCO TARGET VALUE: .081 ✓  
ALCO S/N: X172953 ✓

--- BREATH ANALYSIS ---

✓.081 ADJUSTED FOR 30.66 in		
ALCO TARGET	.083	15:36
BLANK TEST	.000	15:37
INTERNAL STANDARD	VERIFIED	15:37
ALCO @ 30.66 in	.087 ✓	15:37
BLANK TEST	.000	15:38
✓SUBJECT SAMPLE	.000	15:39
BLANK TEST	.000	15:39
ALCO @ 30.66 in	.000	15:40
BLANK TEST	.000	15:41

## DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY  
DATAMASTER cdm 130296

JUNE 14, 2008 ✓  
TIME 15:42

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY  
PROGRAM: OKAY  
SOFTWARE DATE: 02/20/01  
HEATERS  
SAMPLE CHAMBER: 49c  
BREATH TUBE: 41c  
BAROMETER: 30.66 in  
FLOW DETECTOR: OKAY  
PUMP  
HIGH SPEED: OKAY  
DETECTOR: OKAY  
FILTERS: OKAY  
QUARTZ STANDARD: OKAY  
CALIBRATION: OKAY

PRINTER TEST  
!##%&'()\*+,-./0123456789:;<=>?@ABCDEF  
HIJKLMNOPQRSTUVWXYZ[\]^\_`abcde-fghijklmno  
pqrstu-vwxyz{|}~