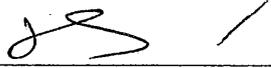
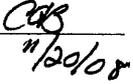


VERIFICATION OF CALIBRATION REPORT

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>04 NOV 08</u> ✓
A Agency	<u>UNALASKA DPS</u>	Phone #	<u>907-581-1233</u>
Instrument Location	<u>UNALASKA</u> ✓		
B Alco S/N:	<u>X124605</u> ✓	Target Value	<u>.079</u> ✓ High Pressure <u>10 50</u>
Alco Test Values	<u>.084</u> ✓ 1 st Alco	<u>.083</u> ✓ 2 nd Alco	
Signature		 11/20/08	

(OVER)

(Do Not write in the area below)

Under the Alaska Rules of Evidence, I certify that;

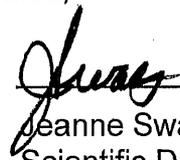
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director 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,



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

11/20/08
Date

NOV 9 06 10 3 2008

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 ✓

(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 130296

NOVEMBER 04, 2008

OPERATOR'S NAME:

SHOCKLEY/JENNIFER/L

OPERATOR'S NUMBER: 4552

SUBJECT'S LAST NAME:

UOC

SUBJECT'S FIRST NAME/MI :

UOC

O.L. #: UOC

DEPT/AGENCY: UNK1

CASE/REPORT: UOC

TEST TYPE: U

ALCO TARGET VALUE: .079 ✓

ALCO S/N: X124605

--- BREATH ANALYSIS ---

.079 ADJUSTED FOR 30.09 in

ALCO TARGET	.079	05:02
BLANK TEST	.000	05:03
INTERNAL STANDARD	VERIFIED	05:03
ALCO TU 30.09 in	.084 ✓	05:04
BLANK TEST	.000	05:04
SUBJECT SAMPLE	.000	05:05
BLANK TEST	.000	05:06
ALCO TU 30.11 in	.083 ✓	05:06
BLANK TEST	.000	05:07

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130296

NOVEMBER 04, 2008

TIME 05:07

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 02/20/01
HEATERS
SAMPLE CHAMBER: 48c
BREATH TUBE: 41c
BAROMETER: 30.11 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

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