

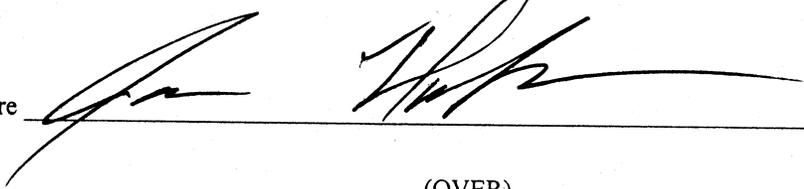
# VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument

State of Alaska

JUN 07 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

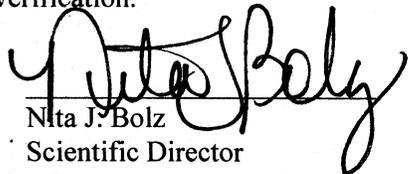
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N <u>130297</u> ✓
Name	<u>JAMES C. HOELSCHER</u>	ID# <u>5343</u> Date <u>6-8-09</u> ✓
A Agency	<u>HOOPER BAY POLICE DEPT.</u>	Phone # <u>758-4615</u>
Instrument Location	<u>HOOPER BAY, AK</u> ✓	
B Alco S/N	<u>X 301526</u> ✓	Target Value <u>.080</u> High Pressure <u>&lt; 1000 PSI</u>
Alco Test Value Average	<u>.081</u> ✓ 1 <sup>st</sup> Alco	<u>.079</u> ✓ 2 <sup>nd</sup> Alco
Signature		
(OVER)		

JMB  
6/16/09

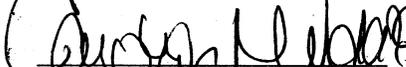
(Do Not write in the area below)

I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the breath alcohol program, including assuring that persons responsible for verifying the calibration of instruments are properly trained and qualified. I also am responsible for maintaining the records of the program.
- (5) The attached verification is a true and accurate verification of calibration that reflects a regularly conducted and regularly recorded activity of the breath alcohol program performed by a person trained and qualified to conduct the verification.

  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 24<sup>th</sup> day of June, 2009.

  
(Notary Seal Stamp)

Carolyn M. Noland  
Notary Public, State of Alaska  
Commission Expires with Office



# 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 130297 ✓

(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

DATE OF TEST: \_\_\_\_\_

TESTER: \_\_\_\_\_

TIME OF TEST: \_\_\_\_\_

--- BREATH ANALYSIS ---

ALCOHOL CONCENTRATION: \_\_\_\_\_

PERCENTAGE OF ETHANOL: \_\_\_\_\_

--- BREATH ANALYSIS ---

ALCOHOL CONCENTRATION: \_\_\_\_\_

PERCENTAGE OF ETHANOL: \_\_\_\_\_

BT9 03/00

*BMB 6/16/09*

*BMB 6/16/09*

## DIAGNOSTIC CHECK

DATE OF TEST: \_\_\_\_\_

TESTER: \_\_\_\_\_

TIME OF TEST: \_\_\_\_\_

--- BREATH ANALYSIS ---

ALCOHOL CONCENTRATION: \_\_\_\_\_

PERCENTAGE OF ETHANOL: \_\_\_\_\_

--- BREATH ANALYSIS ---

ALCOHOL CONCENTRATION: \_\_\_\_\_

PERCENTAGE OF ETHANOL: \_\_\_\_\_

BT9 03/00