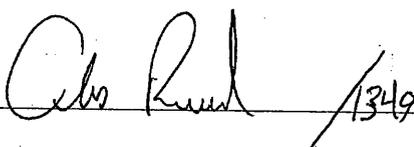


VERIFICATION OF CALIBRATION REPORT

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	130301 ✓
Name		C. RITALA	ID# 3791 Date 3/15/08
A	Agency	ANCHORAGE P.D.	Phone # 786-2640
Instrument Location		ANCHORAGE JAIL	
Alco S/N		X301553 ✓	Target Value -081 ✓ High Pressure 350
Alco Test Values		081 1 st Alco	080 2 nd Alco
Signature			CRB 3/24/08

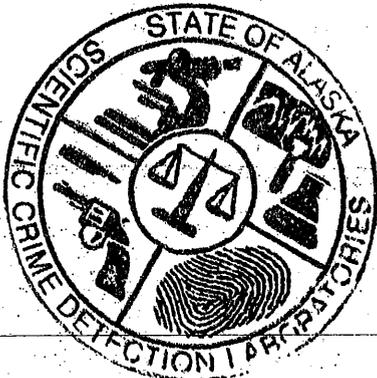
(OVER)

Under the Alaska Rules of Evidence, I certify that:
(Do Not write in the area below)

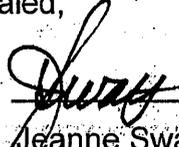
(a) I am Jeanne Swartz, Forensic Scientist III, Scientific Crime Detection Laboratory, State of Alaska Department of Public Safety, and was, at the time of signing, the custodian of the records of the aforementioned laboratory and the signature was made in my official capacity as Scientific Director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

(b) The verification of calibration for the above instrument has been received and reviewed. Instrument operator, Chris Ritala, 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

3/24/08

Date

MAR 17 2008
BT9 03/00
MAR 17 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 130301

(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 130301
MARCH 15, 2008
OPERATOR'S NAME: *COB 3/15/08*
RITUALA
OPERATOR'S NUMBER: 3791
SUBJECT'S LAST NAME:
VERIFICATION OF CALIBRATION
SUBJECT'S FIRST NAME/INITIAL:
A
OIL: #1-A
DEPT AGENCY: ANCI
CASE REPORT: A
TEST TYPE: U
ALCO. TARGET VALUE: .081
ALCO. S/N: X301553

--- BREATH ANALYSIS ---

.081 ADJUSTED FOR 30.22 in		
ALCO. TARGET	.081	02:23
BLANK TEST	.000	02:24
INTERNAL STANDARD	VERIFIED	02:24
ALCO. TU 30.22 in	.081	02:24
BLANK TEST	.000	02:25
SUBJECT SAMPLE	.000	02:26
BLANK TEST	.000	02:27
ALCO. TU 30.20 in	.080	02:27
BLANK TEST	.000	02:28

80/ps/2
Q1349 3/15/08

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130301
MARCH 15, 2008
TIME 02:21

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
SOFTWARE DATE:	02/20/01
HEATERS	
SAMPLE CHAMBER:	48c
BREATH TUBE:	40c
BAROMETER:	30.22 in
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

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

Q1349 3/15/08