

VERIFICATION OF CALIBRATION REPORT

of DataMaster cdm Breath Test Instrument
State of Alaska

MAR 02 2009

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

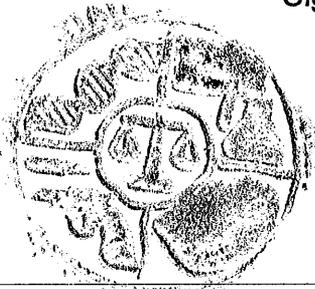
Supervisor/Operator Performing the Verification Procedure:		DataMaster cdm S/N	<u>130570</u>
Name		<u>C. RITALA</u>	ID# <u>3791</u> Date <u>2/27/09</u> ✓
A	Agency	<u>APD</u>	Phone # <u>786-2640</u>
Instrument Location		<u>FLORA SUB (4th Ave)</u>	✓
Alco S/N		<u>X301563</u> ✓	Target Value <u>.080</u> ✓ High Pressure <u>500</u>
B	Alco Test Values	<u>.078</u> ✓ 1 st Alco	<u>.078</u> ✓ 2 nd Alco
Signature		<u></u> /1349 ✓	<u></u> 3/10/09

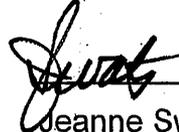
(OVER)

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

3/11/09
Date

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

130570 ✓

(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 130570

FEBRUARY 27, 2009 ✓

OPERATOR'S NAME:
RITALA

OPERATOR'S NUMBER: 3791

SUBJECT'S LAST NAME:

VERIFICATION OF CALIBRATION

SUBJECT'S FIRST NAME/NI :
SIXTY DAY

O.L. #: A

DEPT/AGENCY: ANCI

CASE/REPORT: A

TEST TYPE: V

ALCO TARGET VALUE: .000 ✓

ALCO S/N: X301563

--- BREATH ANALYSIS ---

.000 ADJUSTED FOR 30.45 in
ALCO TARGET .001 23:50
BLANK TEST .000 23:51
INTERNAL STANDARD VERIFIED 23:51
ALCO TV 30.45 in .078 ✓ 23:51
BLANK TEST .000 23:52
SUBJECT SAMPLE .000 23:53
BLANK TEST .000 23:54
ALCO TV 30.45 in .078 ✓ 23:54
BLANK TEST .000 23:55

DIAGNOSTIC CHECK

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130570

FEBRUARY 27, 2009 ✓
TIME 23:56

--- DIAGNOSTIC CHECK ---

COMPUTER: OKAY
PROGRAM: OKAY
SOFTWARE DATE: 12/11/08
HEATERS
SAMPLE CHAMBER: 50c
BREATH TUBE: 42c
BAROMETER: 30.45 in
FLOW DETECTOR: OKAY
PUMP
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEF6
HIJKLMNQPORSUTVWXYZ[\]^_`'abcde fghi jklmno
pqrstuvwxy z{|}~