

FEB 18 2009

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>130309</u> ✓ | |
| Name <u>PATRICK NELSON</u> | | ID# <u>4389</u> | Date <u>2-6-09</u> ✓ |
| A | Agency <u>AST</u> | Phone # _____ | |
| Instrument Location <u>MAT-SU WEST</u> ✓ | | | |
| Alco S/N <u>X173004</u> ✓ | | Target Value <u>.082</u> ✓ | High Pressure <u>1100</u> |
| B | Alco Test Values | | |
| | <u>.082</u> ✓ | <u>.082</u> ✓ | |
| | 1 st Alco | 2 nd Alco | |
| Signature <u>P. Nelson</u> ✓ | | | <u>COB</u> <u>3/2/09</u> |
| (OVER) | | | |

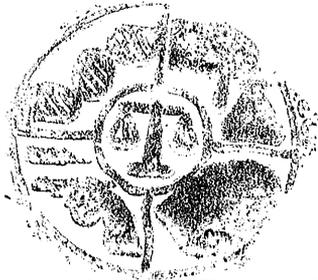
Under the Alaska Rules of Evidence, I certify that (copy and paste in the area below)

(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, Patrick Nelson, 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

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

3/2/09
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

130309 ✓

(CONTINUED FROM FRONT PAGE)

C

TAPE THE TEST STRIP FROM THE NONDRINKING SUBJECT TEST AND THE DIAGNOSTIC CHECK IN THE MARKED BOXES.

N

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130309

FEBRUARY 06, 2009

OPERATOR'S NAME:

NELSON PATRICK

OPERATOR'S NUMBER: 4389

SUBJECT'S LAST NAME:

VERIFICATION OF

SUBJECT'S FIRST NAME/MI :

CALIBRATION

O.L. #: 123456

DEPT/AGENCY: PLM0

CASE/REPORT: 12-34567

TEST TYPE: V

ALCO TARGET VALUE: .082 ✓

ALCO S/N: X173004

— BREATH ANALYSIS —

.082 ADJUSTED FOR 29.54 in

| | | |
|-------------------|----------|-------|
| ALCO TARGET | .080 | 10:43 |
| BLANK TEST | .000 | 10:45 |
| INTERNAL STANDARD | VERIFIED | 10:45 |
| ALCO TV 29.54 in | .082 ✓ | 10:45 |
| BLANK TEST | .000 | 10:46 |
| SUBJECT SAMPLE | .000 | 10:46 |
| BLANK TEST | .000 | 10:47 |
| ALCO TV 29.55 in | .082 ✓ | 10:47 |
| BLANK TEST | .000 | 10:48 |

ALASKA DEPARTMENT OF PUBLIC SAFETY
DATAMASTER cdm 130309

FEBRUARY 06, 2009

TIME 00:53

— DIAGNOSTIC CHECK —

COMPUTER: OKAY

PROGRAM: OKAY

SOFTWARE DATE: 02/20/01

HEATERS

SAMPLE CHAMBER: 48c

BREATH TUBE: 42c

BAROMETER: 29.41 in

FLOW DETECTOR: OKAY

PUMP

HIGH SPEED: OKAY

DETECTOR: OKAY

FILTERS: OKAY

QUARTZ STANDARD: OKAY

CALIBRATION: OKAY

PRINTER TEST

! "# \$ % & ' () * + , - . / 0 1 2 3 4 5 6 7 8 9 : ; < = > ? @ A B C D E F G
H I J K L M N O P Q R S T U V W X Y Z [\] ^ _ ` a b c d e f g h i j k l m n o
p q r s t u v w x y z { | } ~ ■