



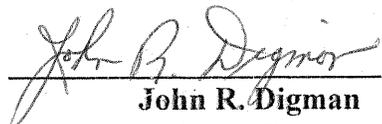
STATE OF NEW YORK  
 DIVISION OF CRIMINAL JUSTICE SERVICES  
 4 TOWER PLACE  
 ALBANY, NEW YORK 12203-3702  
<http://criminaljustice.state.ny.us>

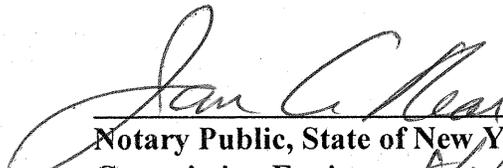
**CERTIFICATION PURSUANT TO CPLR 4518  
 OF RECORDS MAINTAINED IN THE  
 REGULAR COURSE OF BUSINESS**

I, John R. Digman, Assistant Director, Office of Public Safety, New York State Division of Criminal Justice Services, 4 Tower Place, Albany, New York 12203, having been duly designated and authorized by the Commissioner of the Division of Criminal Justice Services, do hereby certify and authenticate, as provided by subdivision c of rule 4518 of the Civil Practice Law and Rules, that the copies annexed hereto are exact photocopies of original records of the Office of Public Safety which are in my possession, custody and control.

I further certify that the original records of inspection /maintenance /calibration of NAT'L PATENT ANALYTICAL SYS, DATAMASTER DMT breath test instrument, serial number 105208, performed on August 05, 2009 by Office of Public Safety employee FRANK SGARLATA, of which the annexed are photocopies, were made in the regular course of business of the New York State Division of Criminal Justice Services, Office of Public Safety, that such records were made at the time such inspection /maintenance /calibration was performed or within a reasonable time thereafter, and further that it was the regular course of the Office of Public Safety's business to make such records at the time such inspection /maintenance /calibration was performed, or within a reasonable time thereafter, and to provide such instrument's records to the agency that requested them.

State of New York  
 County of Albany  
 Sworn to before me  
 On August 07, 2009

  
 \_\_\_\_\_  
 John R. Digman  
 Assistant Director  
 Office of Public Safety

  
 \_\_\_\_\_  
 Notary Public, State of New York  
 Commission Expires 8/2/13

JAN A. NEAR  
 Notary Public  
 State of New York  
 Reg No. 01NE6028897  
 Qualified in Columbia County  
 Commission Expires 8/2/13

**BREATH TEST INSTRUMENT  
RECORD OF INSPECTION / MAINTENANCE / CALIBRATION**

**Name of Submitting Agency: Warren County Sheriff's Office**

**Manufacturer: NAT'L PATENT ANALYTICAL SYS**

**Model: DATAMASTER DMT**

**Serial Number: 105208**

**Date: August 05, 2009**

**Reference Solution Lot Number: 09070**

**Reference Solution Standard: 0.100 % at 34.0 degrees centigrade**

Test No	Test Result	Simulator Temperature
1	0.097 %	34.00 degrees centigrade
2	0.097 %	34.01 degrees centigrade
3	0.097 %	34.01 degrees centigrade
4	0.097 %	34.00 degrees centigrade

**Reference Solution Lot Number: 09100**

**Reference Solution Standard: 0.080 % at 34.0 degrees centigrade**

Test No	Test Result	Simulator Temperature
1	0.078 %	34.02 degrees centigrade
2	0.078 %	34.02 degrees centigrade
3	0.078 %	34.01 degrees centigrade
4	0.078 %	34.01 degrees centigrade

I hereby certify that I have performed any necessary maintenance procedures and calibrated NAT'L PATENT ANALYTICAL SYS breath test instrument model DATAMASTER DMT, serial number 105208, and have determined that it is accurate and reliable for the determination of ethyl alcohol in the blood by analysis of the breath. The instrument's test results are recorded above and this instrument satisfies all limits and standards established by the New York State Commissioner of Health as enumerated in Part 59, Subchapter D of Chapter II, TITLE 10(Health) of the Official Compilation of Codes, Rules and Regulations of the State of New York, (10 NYCRR Part 59) as amended.

I further certify that the entries made in these records of inspection /maintenance /calibration were made at the time that such inspection /maintenance /calibration of the above identified breath test instrument was performed, or within a reasonable time thereafter.

  
FRANK SGARLATA  
Technician

**BREATH TEST INSTRUMENT  
RECORD OF INSPECTION / MAINTENANCE / CALIBRATION**

**Manufacturer: NAT'L PATENT ANALYTICAL SYS**

**Model: DATAMASTER DMT**

**Serial Number: 105208**

**Date: August 05, 2009**

1. **General Appearance and condition of this device -----:  
KEYBOARD NOT WORKING.**
  
2. **Check controls and indicators -----: OK**
  
3. **Check breath flow indicator -----: OK**
  
4. **Check printer operation -----: OK**
  
5. **System cycles through all modes -----: OK**
  
6. **Record any repairs made to this instrument and list services provided:  
RESEATED USB POWER CONNECTOR. CALIBRATED INSTRUMENT. RAN  
SUBJECT, TECHNICIAN AND DIAGNOSTIC TESTS. CHECKED SETUP  
VOLTAGES, PRINT AND REMOTE OPERATION. VERIFIED CALIBRATION,  
OK**



**FRANK SGARLATA**  
**Technician**  
**Office of Public Safety**