



STATE OF NEW YORK  
DIVISION OF CRIMINAL JUSTICE SERVICES  
4 TOWER PLACE  
ALBANY, NEW YORK 12203-3764  
<http://criminaljustice.ny.gov>

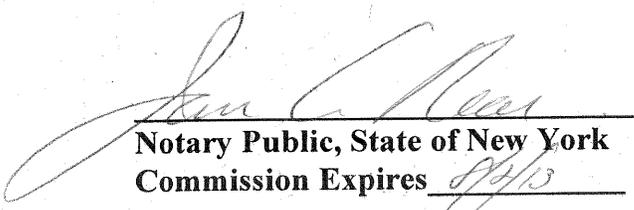
**CERTIFICATION PURSUANT TO CPLR 4518  
OF RECORDS MAINTAINED IN THE  
REGULAR COURSE OF BUSINESS**

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 February 08, 2012 by Office of Public Safety employee Lisa A. Lee, 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 February 10, 2012

  
\_\_\_\_\_  
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:** February 08, 2012

**Reference Solution Lot Number:** 11240  
**Reference Solution Standard:** 0.100 % at 34.0 degrees centigrade

Test No	Test Result	Simulator Temperature
1	0.096 %	34.00 degrees centigrade
2	0.096 %	33.96 degrees centigrade
3	0.097 %	34.02 degrees centigrade
4	0.097 %	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.

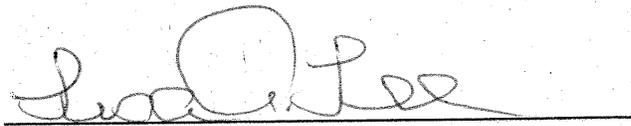


**Lisa A. Lee**  
**Highway Safety Equipment Technician**  
**Office of Public Safety**

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

**Manufacturer: NAT'L PATENT ANALYTICAL SYS**  
**Model: DATAMASTER DMT**  
**Serial Number: 105208**  
**Date: February 08, 2012**

1. **General Appearance and condition of this device -----:**  
N/A
2. **Check controls and indicators -----: OK**
3. **Check breath flow system -----: 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:**  
**RAN COMMUNICATION TESTS, DIAGNOSTIC TESTS AND SUPERVISOR**  
**TESTS. VERIFIED CALIBRATION**

  
\_\_\_\_\_  
**Lisa A. Lee**  
**Highway Safety Equipment Technician**  
**Office of Public Safety**