



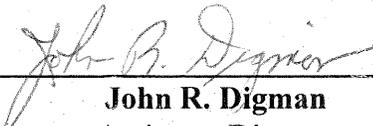
STATE OF NEW YORK  
 DIVISION OF CRIMINAL JUSTICE SERVICES  
 4 TOWER PLACE  
 ALBANY, NEW YORK 12203-3702  
<http://criminaljustice.state.ny.us>

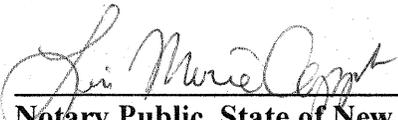
**CERTIFICATION PURSUANT TO CPLR 4518  
 OF RECORDS MAINTAINED IN THE  
 REGULAR COURSE OF BUSINESS**

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 106206, performed on May 20, 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 May 22, 2009

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

  
 \_\_\_\_\_  
 Notary Public, State of New York  
 Commission Expires April 28, 2011

USA MADE EQUIPMENT  
 Notary Public, State of New York  
 No. 02005079813  
 Qualified in Schoenecady County  
 Commission Expires April 28, 2011

**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: 106206  
Date: May 20, 2009

Reference Solution Lot Number: 09070  
Reference Solution Standard: 0.100 % at 34.0 degrees centigrade

Test No	Test Result	Simulator Temperature
1	0.099 %	34.0 degrees centigrade
2	0.097 %	34.0 degrees centigrade
3	0.098 %	34.0 degrees centigrade
4	0.098 %	34.0 degrees centigrade

Reference Solution Lot Number: 08191  
Reference Solution Standard: 0.080 % at 34.0 degrees centigrade

Test No	Test Result	Simulator Temperature
1	0.078 %	34.0 degrees centigrade
2	0.078 %	34.0 degrees centigrade
3	0.078 %	34.0 degrees centigrade
4	0.078 %	34.0 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 106206, 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: 106206**  
**Date: May 20, 2009**

1. **General Appearance and condition of this device -----:**  
**OK**
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:**  
**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**