



STATE OF NEW YORK
DIVISION OF CRIMINAL JUSTICE SERVICES

Alfred E. Smith State Office Bldg.
80 South Swan Street
Albany, New York 12210
<http://criminaljustice.ny.gov>

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

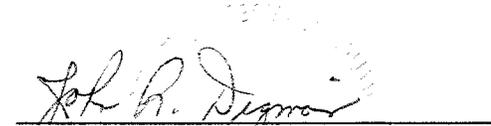
I, John R. Digman, Special Programs Supervisor, Office of Public Safety, New York State Division of Criminal Justice Services, 80 South Swan Street, Albany, New York 12210, having been duly designated and authorized by the Commissioner of the Division of Criminal Justice Services, do hereby certify and 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 August 19, 2013 by Office of Public Safety employee Paul Hasbrouck, 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 21, 2013



Notary Public, State of New York
Commission Expires _____



John R. Digman
Special Programs Supervisor
Office of Public Safety

KEVIN J. BOEHME
NOTARY PUBLIC, STATE OF NEW YORK
QUALIFIED IN COLUMBIA COUNTY
01804958192
COMMISSION EXPIRES OCTOBER 30, 2013

**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: August 19, 2013

Reference Solution Lot Number: 12171
Reference Solution Standard: 0.10 % at 34.0 degrees centigrade

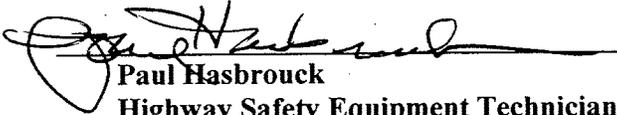
Test No	Test Result	Simulator Temperature
1	0.098 %	34.00 degrees centigrade
2	0.098 %	34.01 degrees centigrade
3	0.099 %	34.00 degrees centigrade
4	0.098 %	34.01 degrees centigrade

Reference Solution Lot Number: 12181
Reference Solution Standard: 0.08 % at 34.0 degrees centigrade

Test No	Test Result	Simulator Temperature
1	0.079 %	34.01 degrees centigrade
2	0.078 %	34.01 degrees centigrade
3	0.078 %	34.00 degrees centigrade
4	0.079 %	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 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.


Paul Hasbrouck
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: 106206

Date: August 19, 2013

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

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:
RUN CALIBRATION, RUN DIAGNOSTIC, TECHNICIAN, SUPERVISOR,
SUBJECT, AND COMMUNICATION TEST, VERIFIED CALIBRATION, OK**


Paul Hasbrouck
Highway Safety Equipment Technician
Office of Public Safety