

SUPERVISOR TEST

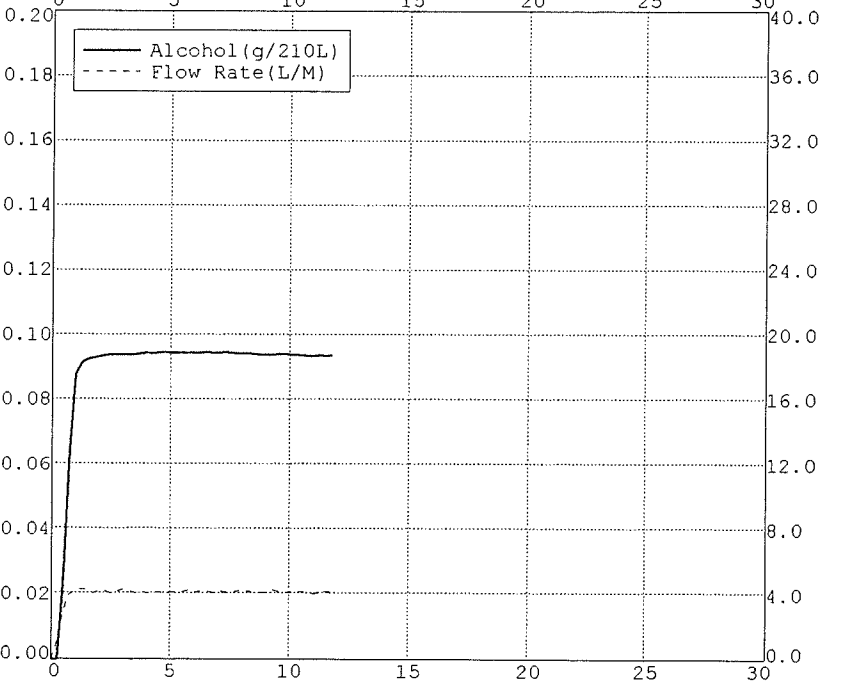
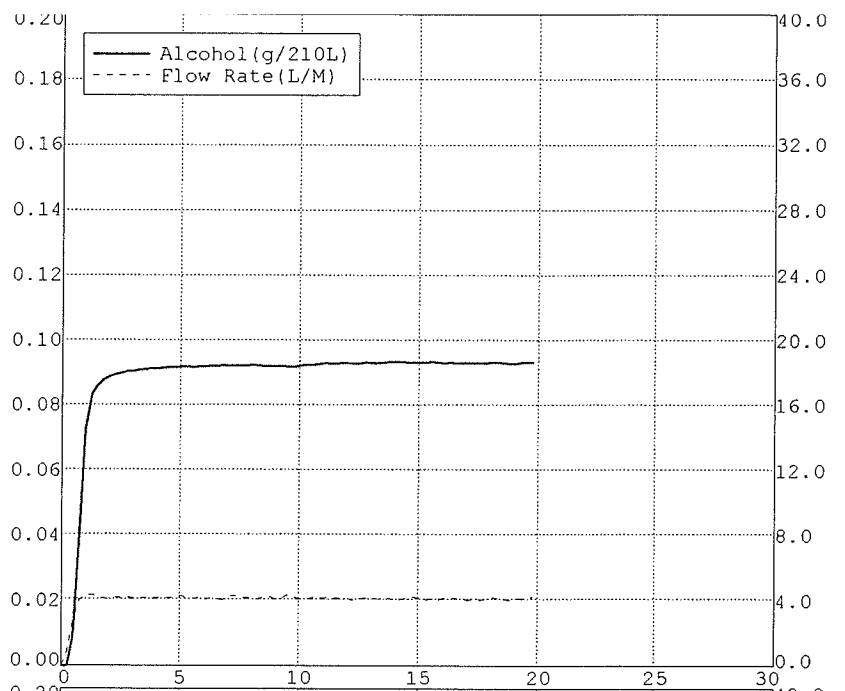
LAKE PLACID VILLAGE
 POLICE DEPT.
 DATAMASTER dmt: 100290

Date: 08/03/2019

OPERATOR NAME:
 CHAD P BLINN
 Permit #: 33034
 Operator Agency/Dept: LAKE PLACID VILL. PD
 Reference Standard #: 19130

Nominal = 0.10 g/210L

BLANK TEST	0.00	18:45
INTERNAL STANDARD	VERIFIED	18:45
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	18:45
BLANK TEST	0.00	18:46
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	18:46
BLANK TEST	0.00	18:47
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	18:47
BLANK TEST	0.00	18:48



SUBJECT TEST

LAKE PLACID VILLAGE
POLICE DEPT.
DATAMASTER dmt: 100290

Date: 08/03/2019

OPERATOR NAME:
CHAD P BLINN
OPERATOR PERMIT NUMBER: 33034
OPERATOR AGENCY/DEPT:
LAKE PLACID VILL. PD
REFERENCE STANDARD NUMBER:
19130

---BREATH ANALYSIS---

BLANK TEST	0.00	18:51
INTERNAL STANDARD	VERIFIED	18:51
SUBJECT SAMPLE	0.00	18:52
BLANK TEST	0.00	18:53
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	18:53
BLANK TEST	0.00	18:54

I, CHAD BLINN, am employed by the LAKE PLACID POLICE DEPT., a government agency, and, having been delegated by my employer to do so, certify that the above record of blood alcohol content analysis was made in the regular and ordinary course of business of this agency; that it is the regular and ordinary course of business of this agency to perform analysis of blood alcohol content and to make records of such analysis at the time they are performed; that the entries appearing on the above record were made at or soon after the time of the acts, transactions, occurrences, or events stated thereon; that this record, if a copy, is a complete and exact duplicate of the original thereof; and that it is part of my employment responsibilities to maintain custody or control of this record.

8-03-19

Date

[Signature]

Signature

PATRICK

Title

Operator Name, Rank and Department:

Permit Number:

CHAD BLINN [Signature]

33034

SUBJECT TEST

LAKE PLACID VILLAGE
POLICE DEPT.
DATAMASTER dmt: 100290

Date: 08/03/2019

OPERATOR NAME:
CHAD P BLINN
OPERATOR PERMIT NUMBER: 33034
OPERATOR AGENCY/DEPT:
LAKE PLACID VILL. PD
REFERENCE STANDARD NUMBER:
19130

---BREATH ANALYSIS---

BLANK TEST	0.00	18:51
INTERNAL STANDARD	VERIFIED	18:51
SUBJECT SAMPLE	0.00	18:52
BLANK TEST	0.00	18:53
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	18:53
BLANK TEST	0.00	18:54

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<u>8-03-19</u>	<u>Pat Blinn</u>	<u>PATROLMAN</u>
Date	Signature	Title

Operator Name, Rank and Department: <u>CHAD BLINN PATROLMAN LAKE PLACID Police Department</u>	Permit Number: <u>33034</u>
--	--------------------------------

SUBJECT TEST

LAKE PLACID VILLAGE
POLICE DEPT.
DATAMASTER dmt: 100290

Date: 08/03/2019

OPERATOR NAME:
CHAD P BLINN
OPERATOR PERMIT NUMBER: 33034
OPERATOR AGENCY/DEPT:
LAKE PLACID VILL. PD
REFERENCE STANDARD NUMBER:
19130

---BREATH ANALYSIS---

BLANK TEST	0.00	18:51
INTERNAL STANDARD	VERIFIED	18:51
SUBJECT SAMPLE	0.00	18:52
BLANK TEST	0.00	18:53
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	18:53
BLANK TEST	0.00	18:54

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8-03-19

Chad P Blinn

PATROLMAN

Date

Signature

Title

Operator Name, Rank and Department:

Permit Number:

CHAD BLINN LAKE PLACID POLICE DEPARTMENT

33034

SUBJECT TEST

LAKE PLACID VILLAGE
POLICE DEPT.
DATAMASTER dmt: 100290

Date: 08/03/2019

OPERATOR NAME:
CHAD P BLINN
OPERATOR PERMIT NUMBER: 33034
OPERATOR AGENCY/DEPT:
LAKE PLACID VILL. PD
REFERENCE STANDARD NUMBER:
19130

---BREATH ANALYSIS---

Simulator Timed Out

I, CHAD BLINN, am employed by the LAKE PLACID Police DEPT. a government agency, and, having been delegated by my employer to do so, certify that the above record of blood alcohol content analysis was made in the regular and ordinary course of business of this agency; that it is the regular and ordinary course of business of this agency to perform analysis of blood alcohol content and to make records of such analysis at the time they are performed; that the entries appearing on the above record were made at or soon after the time of the acts, transactions, occurrences, or events stated thereon; that this record, if a copy, is a complete and exact duplicate of the original thereof; and that it is part of my employment responsibilities to maintain custody or control of this record.

8/03/19
Date

Chad P Blinn
Signature

PATRMAN
Title

Operator Name, Rank and Department:

Permit Number:

CHAD P BLINN PTL LAKE PLACID POLICE DEPARTMENT 33034

SUBJECT TEST

LAKE PLACID VILLAGE
POLICE DEPT.
DATAMASTER dmt: 100290

Date: 08/03/2019

OPERATOR NAME:
CHAD P BLINN
OPERATOR PERMIT NUMBER: 33034
OPERATOR AGENCY/DEPT:
LAKE PLACID VILL. PD
REFERENCE STANDARD NUMBER:
19130

---BREATH ANALYSIS---

Simulator Timed Out

I, CHAD BLINN, am employed by the LAKE PLACID POLICE DEPT, a government agency, and, having been delegated by my employer to do so, certify that the above record of blood alcohol content analysis was made in the regular and ordinary course of business of this agency; that it is the regular and ordinary course of business of this agency to perform analysis of blood alcohol content and to make records of such analysis at the time they are performed; that the entries appearing on the above record were made at or soon after the time of the acts, transactions, occurrences, or events stated thereon; that this record, if a copy, is a complete and exact duplicate of the original thereof; and that it is part of my employment responsibilities to maintain custody or control of this record.

8-03-19
Date

Chad P Blinn
Signature

PATRICKMAN
Title

Operator Name, Rank and Department:	Permit Number:
<u>CHAD P BLINN LAKE PLACID POLICE DEPARTMENT</u>	<u>33034</u>

SUBJECT TEST

LAKE PLACID VILLAGE
POLICE DEPT.
DATAMASTER dmt: 100290

Date: 08/03/2019

OPERATOR NAME:
CHAD P BLINN
OPERATOR PERMIT NUMBER: 33034
OPERATOR AGENCY/DEPT:
LAKE PLACID VILL. PD
REFERENCE STANDARD NUMBER:
19130

---BREATH ANALYSIS---

Simulator Timed Out

I, CHAD BLINN, am employed by the LAKE PLACID Police DEPT, a government agency, and, having been delegated by my employer to do so, certify that the above record of blood alcohol content analysis was made in the regular and ordinary course of business of this agency; that it is the regular and ordinary course of business of this agency to perform analysis of blood alcohol content and to make records of such analysis at the time they are performed; that the entries appearing on the above record were made at or soon after the time of the acts, transactions, occurrences, or events stated thereon; that this record, if a copy, is a complete and exact duplicate of the original thereof; and that it is part of my employment responsibilities to maintain custody or control of this record.

8-03-19

Date

[Signature]

Signature

PATRICK

Title

Operator Name, Rank and Department:

Permit Number:

CHAD P BLINN PTL LAKE PLACID POLICE DEPARTMENT

33034

SUPERVISOR TEST

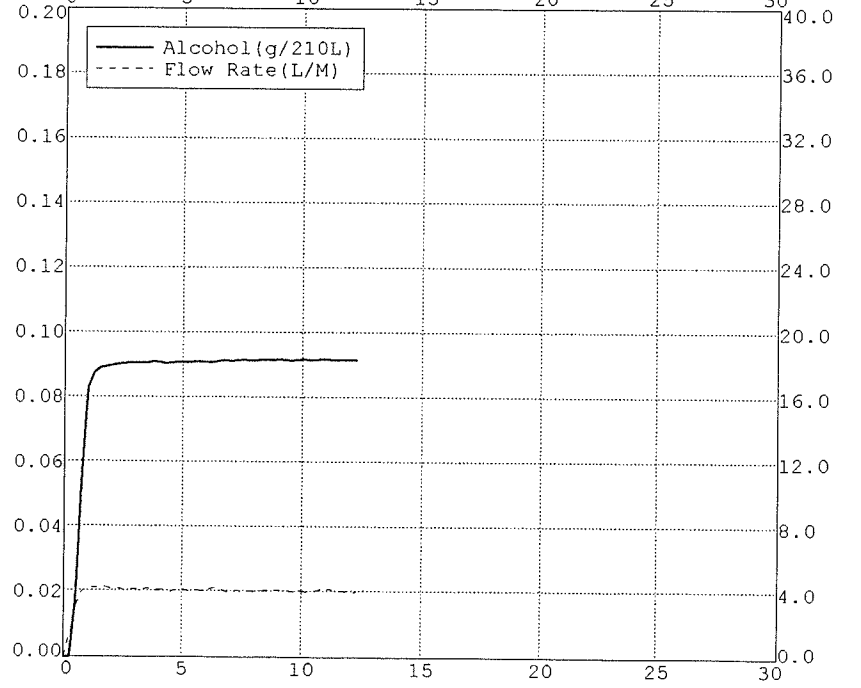
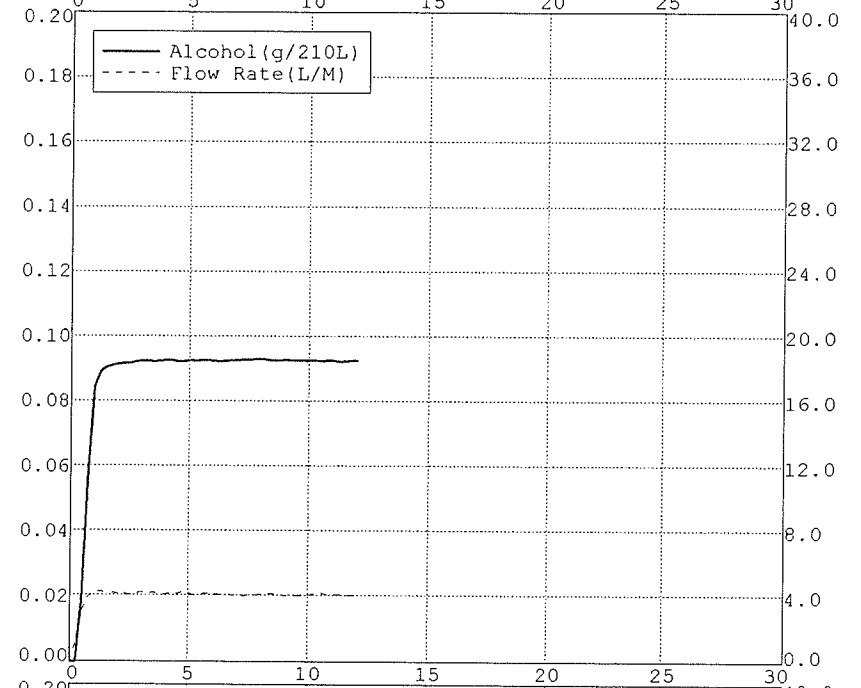
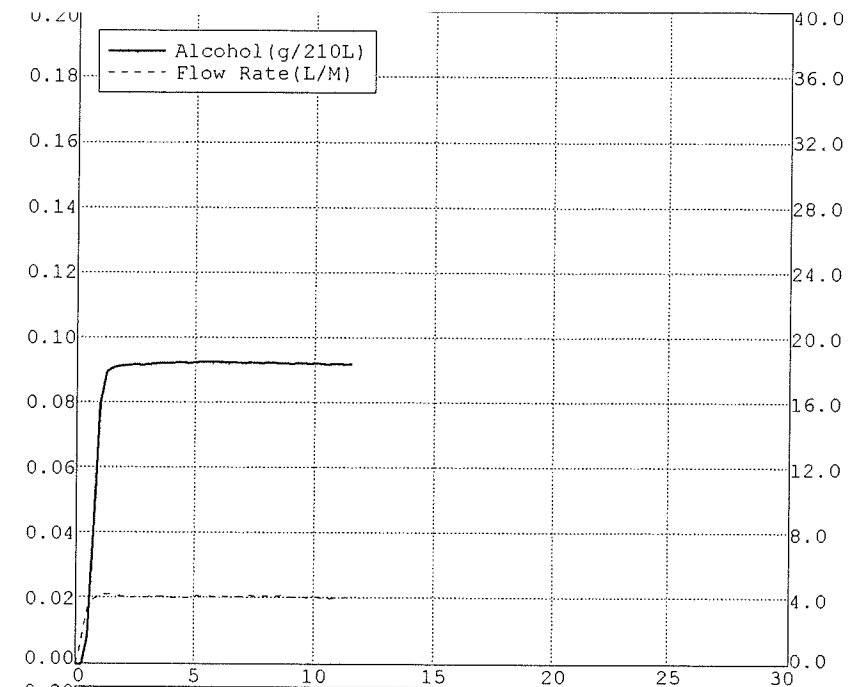
 LAKE PLACID VILLAGE
 POLICE DEPT.
 DATAMASTER dmt: 100290

Date: 08/05/2019

OPERATOR NAME:
 CHAD P BLINN
 Permit #: 33034
 Operator Agency/Dept: LAKE PLACID VILL. PD
 Reference Standard #: 19130

Nominal = 0.10 g/210L

BLANK TEST	0.00	17:19
INTERNAL STANDARD	VERIFIED	17:19
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	17:20
BLANK TEST	0.00	17:20
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	17:21
BLANK TEST	0.00	17:22
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	17:22
BLANK TEST	0.00	17:23



SUPERVISOR TEST

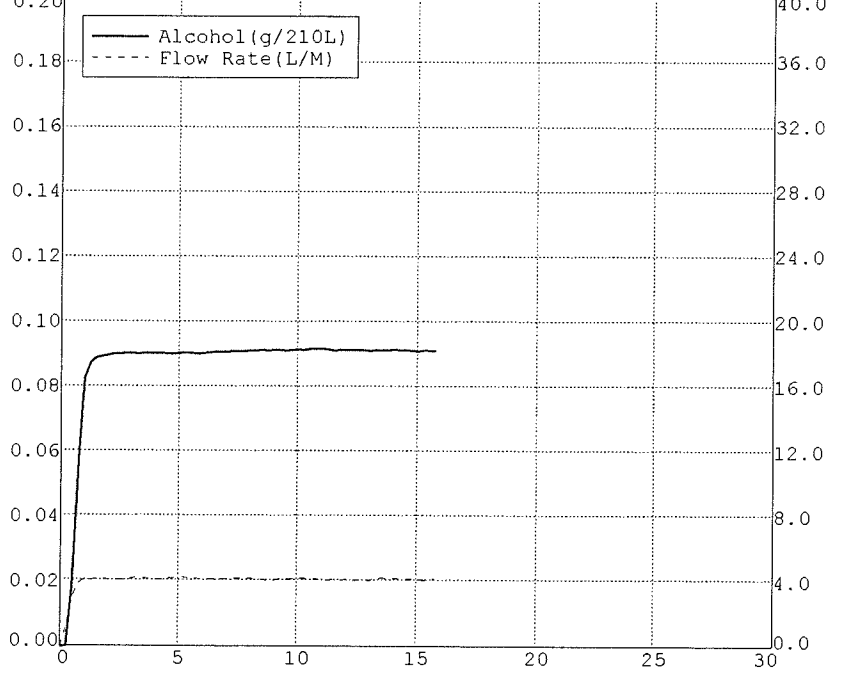
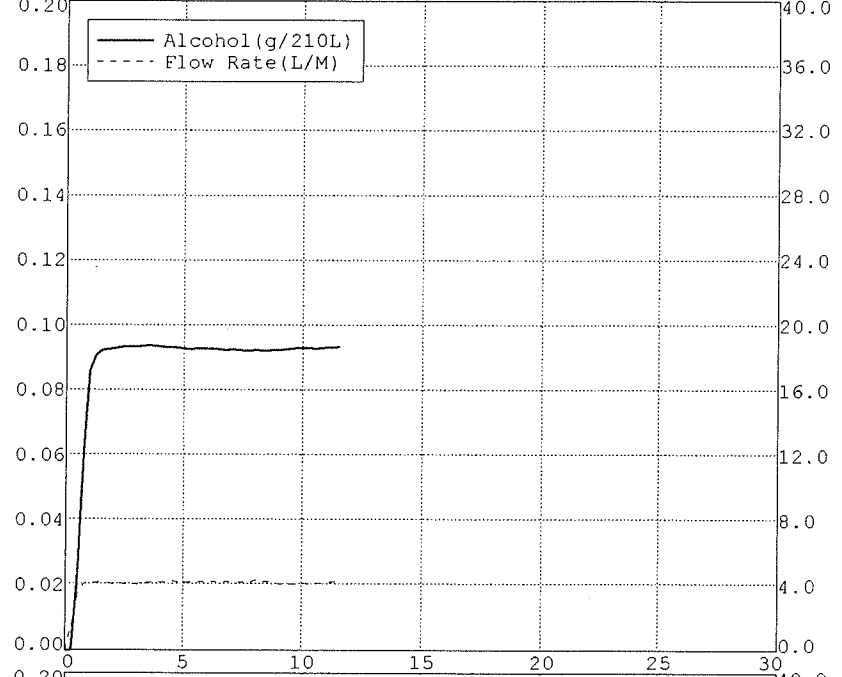
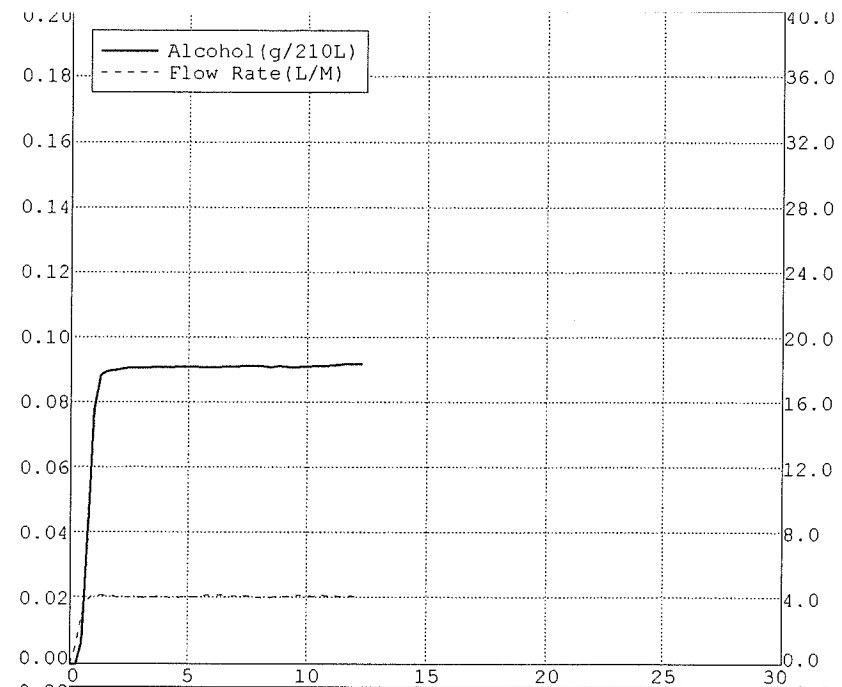
LAKE PLACID VILLAGE
POLICE DEPT.
DATAMASTER dmt: 100290

Date: 08/11/2019

OPERATOR NAME:
CHAD P BLINN
Permit #: 33034
Operator Agency/Dept: LAKE PLACID VILL. PD
Reference Standard #: 19130

Nominal = 0.10 g/210L

BLANK TEST	0.00	07:00
INTERNAL STANDARD	VERIFIED	07:00
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	07:01
BLANK TEST	0.00	07:02
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	07:02
BLANK TEST	0.00	07:03
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	07:03
BLANK TEST	0.00	07:04



SUPERVISOR TEST

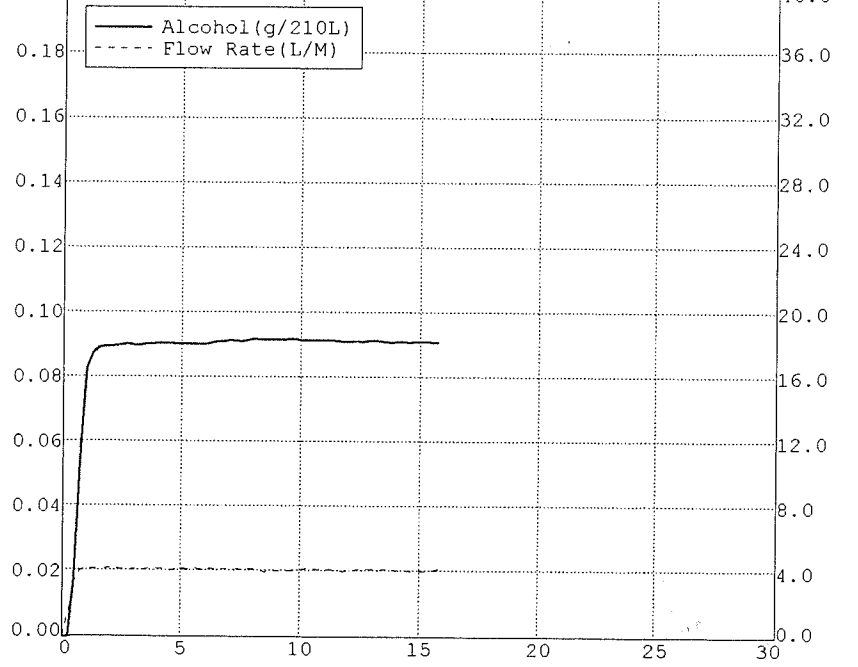
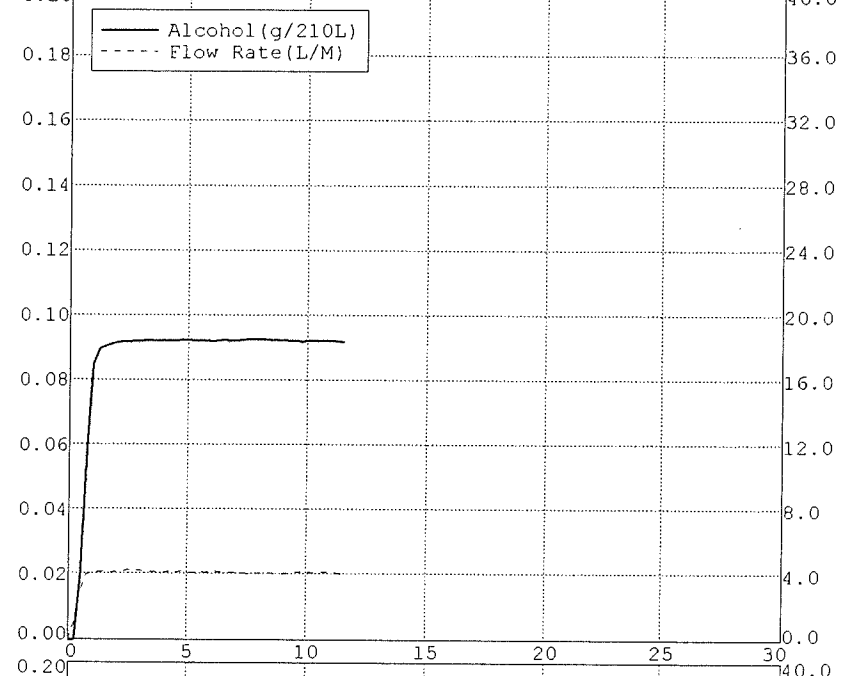
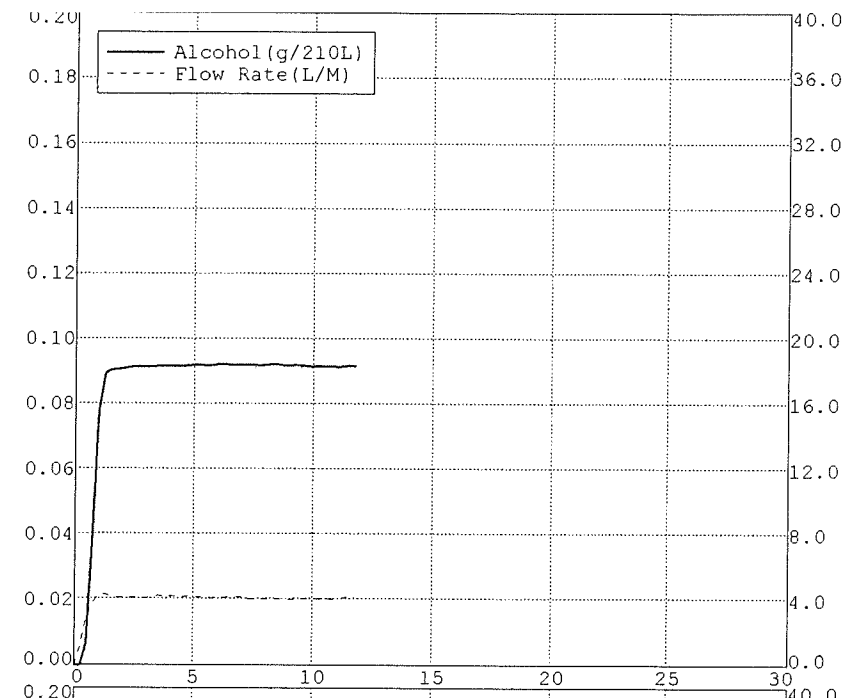
LAKE PLACID VILLAGE
POLICE DEPT.
DATAMASTER dmt: 100290

Date: 08/19/2019

OPERATOR NAME:
DORAN H SORRELL
Permit #: 47507
Operator Agency/Dept: LAKE PLACID VILL. PD
Reference Standard #: 19130

Nominal = 0.10 g/210L

BLANK TEST	0.00	11:36
INTERNAL STANDARD	VERIFIED	11:37
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	11:37
BLANK TEST	0.00	11:38
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	11:38
BLANK TEST	0.00	11:39
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	11:39
BLANK TEST	0.00	11:40



SUPERVISOR TEST

LAKE PLACID VILLAGE
POLICE DEPT.
DATAMASTER dmt: 100290

Date: 08/26/2019

OPERATOR NAME:
DORAN H SORRELL
Permit #: 47507
Operator Agency/Dept: LAKE PLACID VILL. PD
Reference Standard #: 19130

Nominal = 0.10 g/210L

BLANK TEST	0.00	07:19
INTERNAL STANDARD	VERIFIED	07:19
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	07:19
BLANK TEST	0.00	07:20
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	07:21
BLANK TEST	0.00	07:22
REFERENCE STANDARD TEMP	34.01c	
REFERENCE STANDARD	0.09	07:22
BLANK TEST	0.00	07:23

