

# VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska

Serial #: 100380

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date: 05/16/2011

## External Standard Test Values

### EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080  
TARGET AT 29.41: 0.078  
LOT #: 33609080A1  
EXPIRATION: 01/01/2012

BLANK TEST	0.000	15:19
INTERNAL STANDARD	VERIFIED	15:19
EXTERNAL STANDARD	0.079	15:19
BLANK TEST	0.000	15:20
EXTERNAL STANDARD	0.079	15:21
BLANK TEST	0.000	15:21
EXTERNAL STANDARD	0.079	15:22
BLANK TEST	0.000	15:23
EXTERNAL STANDARD	0.078	15:23
BLANK TEST	0.000	15:24
EXTERNAL STANDARD	0.078	15:24
BLANK TEST	0.000	15:25

Average = 0.0786  
Std Dev = 0.0005

## Diagnostic Check

### VERSIONS

DMT: 1.02  
PIC: 3.02  
Modem: 2.0  
Questions: 2.2

### TEMPERATURES

Sample Chamber = 48.8°C PASSED  
Breath Tube = 45.7°C PASSED

### PUMP INFO

Flow Rate = 4.850 L/M PASSED

### DETECTOR INFO

PUMP ON PASSED  
PUMP OFF PASSED

### FILTER INFO

Filter 1 PASSED  
Filter 2 PASSED  
Filter 3 PASSED

### INTERNAL STANDARD

PASSED

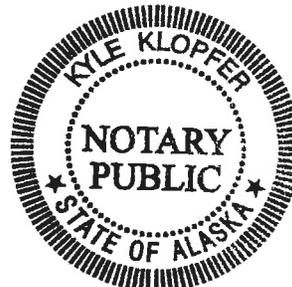
I, Nita J. Bolz, after being first duly sworn, depose and state as follows:

- (1) I am a Forensic Scientist IV at the State of Alaska Scientific Crime Detection Laboratory.
- (2) The Alaska Scientific Crime Detection Laboratory is an entity within the Department of Public Safety.
- (3) I am the Scientific Director of the State Breath Alcohol Program.
- (4) In that capacity, I am responsible for overseeing the Breath Alcohol Program, which includes assuring that instruments are calibrated and maintaining program records.
- (5) The above is a true and accurate verification of calibration, which is performed by the instrument's software, as specified by the State Breath Alcohol Program. Verification of calibration is a regularly conducted and regularly recorded activity of the State Breath Alcohol Program.
- (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

 4/15/11  
Nita J. Bolz  
Scientific Director  
State Breath Alcohol Program

Subscribed and sworn before me this 15 day of JUNE, 20 11

  
Notary Public's Signature  
My Commission Expires on W 10/11 OFFICE  
Notary Name  
KYLE KLOPPER



003 5/17/11