VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:05/30/2019

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

Serial #: 100392

TARGET AT 29.95: 0.080 LOT #: AG735001 EXPIRATION: 12/16/2019 TANK PRESSURE: 708 psi

BLANK TEST	0.000	12:02
INTERNAL STANDARD	VERIFIED	12:02
EXTERNAL STANDARD	0.078	12:02
BLANK TEST	0.000	12:03
EXTERNAL STANDARD	0.078	12:03
BLANK TEST	0.000	12:04
EXTERNAL STANDARD	0.078	12:04
BLANK TEST	0.000	12:05
EXTERNAL STANDARD	0.078	12:05
BLANK TEST	0.000	12:06
EXTERNAL STANDARD	0.078	12:06
BLANK TEST	0.000	12:07

Average = 0.0780 Std Dev = 0.0000

Diagnostic Check

VERSIONS DMT: 3.02 PIC: 3.02 Modem: 2.6 Questions: 2.2

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TEMPERATURES	
Sample Chamber = 48.7°C Breath Tube = 48.1°C	PASSED PASSED
PUMP INFO Flow Rate = 4.728 L/M	PASSED
DETECTOR INFO PUMP ON PUMP OFF	PASSED PASSED
FILTER INFO Filter 1 Filter 2 Filter 3	PASSED PASSED PASSED
INTERNAL STANDARD	PASSED

- I, Charles R. Foster, 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.

7/25/19

Charles R. Foster Scientific Director

State Breath Alcohol Program

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Subscribed and sworn before me this 25 day of 07, 20 19

MUN.

My Commission Expires With Office

NOTARY

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