VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100364

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:09/07/2019

	EXTERNAL STANDARD INE NOMINAL: 0.080	FORMATION			
1	NOMINAL: 0.080				
1	NOMINAL: 0.080			VERSIONS	
]	TARGET AT 29.71: 0.07	79		DMT: 3.02	
	LOT #: AG826101			PIC: 3.02	
	EXPIRATION: 09/18/2020			Modem: 2.6	
3	TANK PRESSURE: 1213 p	osi		Questions: 2.2	
1	BLANK TEST	0.000	15:38	TEMPERATURES	
	INTERNAL STANDARD	VERIFIED	15:38		
1	EXTERNAL STANDARD	0.080	15:39	Sample Chamber = 48.7°C	PASSED
1	BLANK TEST	0.000	15:40	Breath Tube = 47.6°C	PASSED
1	EXTERNAL STANDARD	0.081	15:40		
]	BLANK TEST	0.000	15:41	PUMP INFO	
1	EXTERNAL STANDARD	0.080	15:41	Flow Rate = 4.570 L/M	PASSED
1	BLANK TEST	0.000	15:42		
1	EXTERNAL STANDARD	0.081	15:42	DETECTOR INFO	
1	BLANK TEST	0.000	15:43	PUMP ON	PASSED
1	EXTERNAL STANDARD	0.080	15:43	PUMP OFF	PASSED
1	BLANK TEST	0.000	15:44		
				FILTER INFO	
2	Average = 0.0804			Filter 1	PASSED
- ;	Std Dev = 0.0005			Filter 2	PASSED
				Filter 3	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.

10/25/19

Charles R. Foster Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this $\overline{25}$ day of 10, $20 \underline{19}$

Notary Public My Commission Expires With Office



W 09/10/19