VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100695 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:04/11/2019

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 29.37: 0.079 LOT #: AG735001 EXPIRATION: 12/16/2019 TANK PRESSURE: 820 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: 3.03 Modem: 2.6 Questions: 2.2

TEMPERATURES

INTERNAL STANDARD

Sample Chamber = 48.6°C PASSED Breath Tube = 47.1°C PASSED PUMP INFO Flow Rate = 4.279 L/MPASSED DETECTOR INFO PUMP ON PASSED PUMP OFF PASSED FILTER INFO Filter 1 PASSED Filter 2 PASSED Filter 3 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.

6/7/19

Charles R. Foster Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this ____ day of ______, 20 ______

My Commission Expires With Office

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