## VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Serial #: 100392

## Date:04/11/2025

External Standard Test Values			Diagnostic	Diagnostic Check	
EXTERNAL STANDARD INF NOMINAL: 0.080 TARGET AT 29.75: 0.08 LOT #: AG335202 EXPIRATION: 12/18/202 TANK PRESSURE: 1224 p	5		VERSIONS DMT: 3.02 PIC: 3.02 Modem: 2.6 Questions: 2.2		
BLANK TEST INTERNAL STANDARD	VERIFIED	12:02 12:02 12:02	TEMPERATURES Sample Chamber = 48.7°C	PASSED	
EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD	0.000	12:03 12:03	Breath Tube = 47.0°C	PASSED	
BLANK TEST EXTERNAL STANDARD BLANK TEST	0.000 0.081 0.000		PUMP INFO Flow Rate = 4.682 L/M	PASSED	
EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD		12:05 12:06	DETECTOR INFO PUMP ON PUMP OFF	PASSED	
BLANK TEST		12:00	FILTER INFO		
Average = 0.0802 Std Dev = 0.0004			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 current employee of 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) As of the date signed below, I certify that the calibration of the referenced instrument was accurate on the date in which the above tests were performed and therefore certified for evidentiary use in the State of Alaska.

Charles R. Foster Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this 12 day of 05, 20 25

Notary Public My Commission Expires With Office





L Tech Reviewer Initials:

Date: