VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100405

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:02/21/2018

External Standard Test Values				Diagnostic Check	
EXTERNAL STANDARD INFO	ORMATION		1		
NOMINAL: 0.080			VERSIONS		
TARGET AT 30.30: 0.081			DMT: 3.02		
LOT #: AG608504			PIC: 3.02		
EXPIRATION: 03/25/2018			Modem: 2.6		
TANK PRESSURE: 418 psi			Questions: 2.2		
BLANK TEST	0.000	12:02		TEMPERATURES	
INTERNAL STANDARD					
EXTERNAL STANDARD	0.081			Sample Chamber = 48.7°C	PASSED
BLANK TEST	0.000			Breath Tube = $48.1^{\circ}C$	PASSED
EXTERNAL STANDARD	0.080		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
BLANK TEST	0.000		· · · · · · · · · · · ·	PUMP INFO	
EXTERNAL STANDARD	0.080			Flow Rate = 5.161 L/M	PASSED
BLANK TEST	0.000				
EXTERNAL STANDARD	0.080			DETECTOR INFO	
BLANK TEST	0.000			PUMP ON	PASSED
EXTERNAL STANDARD	0.081			PUMP OFF	PASSED
BLANK TEST	0.000				
				FILTER INFO	
Average = 0.0804				Filter 1	PASSED
Std Dev = 0.0005			1.1	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.

3/8/18

Charles R. Foster Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this $DS_{day of} OS_{, 20} IS$

Carlie K. Bailey, Notary Public My Commission Expires With Office



