## VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100397

## Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:01/09/2019

External Standard Test Values			Diagnostic	Diagnostic Check	
EXTERNAL STANDARD INFORMATION NOMINAL: 0.080 TARGET AT 30.44: 0.081 LOT #: AG826101 EXPIRATION: 09/18/2020 TANK PRESSURE: 1168 psi			VERSIONS DMT: 3.02 PIC: 3.02 Modem: 2.6 Questions: 2.2		
BLANK TEST INTERNAL STANDARD	0.000 VERIFIED	06:02 06:02	TEMPERATURES		
EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD	0.081 0.000 0.081	06:03 06:03 06:04	Sample Chamber = 48.9°C Breath Tube = 48.1°C	PASSED	
BLANK TEST EXTERNAL STANDARD BLANK TEST	0.082	06:05 06:05 06:06	PUMP INFO Flow Rate = 4.434 L/M	PASSED	
EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD	0.081 0.000 0.081	06:07	DETECTOR INFO PUMP ON PUMP OFF	PASSED	
BLANK TEST Average = 0.0812	0.000	06:08	FILTER INFO Filter 1	PASSED	
Std Dev = $0.0004$			Filter 2 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.

3/22/19

Charles R. Foster Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this 22 day of MAP, 20 19

del Oral

Notary Public My Commission Expires With Office



