VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date: 09/05/2019

PASSED

PASSED

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

Serial #: 100418

TARGET AT 30.14: 0.081

LOT #: AG735001

EXPIRATION: 12/16/2019 TANK PRESSURE: 260 psi

BLANK TEST	0.000	12:02
INTERNAL STANDARD	VERIFIED	12:02
EXTERNAL STANDARD	0.080	12:02
BLANK TEST	0.000	12:03
EXTERNAL STANDARD	0.081	12:03
BLANK TEST	0.000	12:04
EXTERNAL STANDARD	0.081	12:04
BLANK TEST	0.000	12:05
EXTERNAL STANDARD	0.080	12:05
BLANK TEST	0.000	12:06
EXTERNAL STANDARD	0.080	12:06
BLANK TEST	0.000	12:07

Average = 0.0804Std Dev = 0.0005

Diagnostic Check

VERSIONS DMT: 3.02 PIC: 3.02 Modem: 2.6 Questions: 2.2

TEMPERATURES

PUMP ON

INTERNAL STANDARD

PASSED Sample Chamber = 48.7°C Breath Tube = 48.1°C PASSED PUMP TNFO Flow Rate = 4.567 L/MPASSED DETECTOR INFO

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.

10/25/19

Charles R. Foster Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this 25 day of 10, 20 19

Notary Public
My Commission Expires With Office



