VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:06/17/2021

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

Serial #: 100374

TARGET AT 28.77: 0.077

LOT #: AG923401

EXPIRATION: 08/22/2021 TANK PRESSURE: 788 psi

BLANK TEST	0.000	15:49
INTERNAL STANDARD	VERIFIED	15:49
EXTERNAL STANDARD	0.075	15:49
BLANK TEST	0.000	15:50
EXTERNAL STANDARD	0.074	15:50
BLANK TEST	0.000	15:51
EXTERNAL STANDARD	0.075	15:51
BLANK TEST	0.000	15:52
EXTERNAL STANDARD	0.074	15:52
BLANK TEST	0.000	15:53
EXTERNAL STANDARD	0.075	15:53
BLANK TEST	0.000	15:54

Average = 0.0746 Std Dev = 0.0005

Diagnostic Check

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

TEMPERATURES

Sample Chamber = 48.9° C PASSED Breath Tube = 47.9° C PASSED

PUMP INFO

DETECTOR INFO

Flow Rate = 4.411 L/M PASSED

PUMP ON PASSED
PUMP OFF PASSED

FILTER INFO
Filter 1 PASSED

Filter 2 PASSED PASSED

INTERNAL STANDARD PASSED

I, Brandi M. Barnett, 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.

Brandi M. Barnett Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this \\ \D \ day of \\ \D \ , 20 \\ \Z\

Notary Public

My Commission Expires With Office

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