VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

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

Serial #: 100668

Date:02/21/2025

| External Standard Test Values | | Diagnosti | Diagnostic Check | |
|--|---|--|--|--|
| EXTERNAL STANDARD INFORMATION NOMINAL: 0.080 TARGET AT 28.84: 0.077 LOT #: AG310901 EXPIRATION: 04/19/2025 TANK PRESSURE: 385 psi | | VERSIONS DMT: 3.02 PIC: 3.03 Modem: 2.6 Questions: 2.2 | | |
| INTERNAL STANDARDVERIFEXTERNAL STANDARD0.BLANK TEST0.BLANK TEST0.EXTERNAL STANDARD0. | 000 12:02 TIED 12:02 075 12:02 000 12:03 074 12:03 000 12:04 075 12:04 000 12:05 074 12:05 000 12:06 074 12:06 000 12:07 | TEMPERATURES Sample Chamber = 48.8°C Breath Tube = 48.1°C PUMP INFO Flow Rate = 4.558 L/M DETECTOR INFO PUMP OFF FILTER INFO Filter 1 Filter 2 Filter 3 INTERNAL STANDARD | PASSED PASSED PASSED PASSED PASSED PASSED PASSED 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.

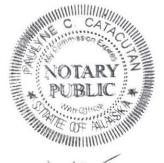
Charles R. Foster Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this 28 day of 03, 20 25

Notary Public

My Commission Expires With Office





Tech Reviewer Initials:

Date: 3