VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100390

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:01/03/2020

External S		Diagnostic Check				
EXTERNAL STANDARD INFORMATION NOMINAL: 0.080 TARGET AT 28.10: 0.075 LOT #: AG923401 EXPIRATION: 08/22/2021			PIC: 3.02 Modem: 2.	VERSIONS DMT: 3.02 PIC: 3.02 Modem: 2.6 Questions: 2.2		
TANK PRESSURE: 1120 p	DS1		Questions	: 2.2		
BLANK TEST		12:02	TEMPERATU	RES		
INTERNAL STANDARD EXTERNAL STANDARD	VERIFIED	12:02	Sample Ch	amber = 48.9°C	PASSED	
BLANK TEST		12:02		be = $46.0^{\circ}C$	PASSED	
EXTERNAL STANDARD		12:03	Dicucii iu		1110000	
BLANK TEST		12:04	PUMP INFO			
EXTERNAL STANDARD		12:04	Flow Rate	= 4.692 L/M	PASSED	
BLANK TEST		12:05				
EXTERNAL STANDARD	0.077	12:05	DETECTOR	INFO		
BLANK TEST	0.000	12:06	PUMP ON		PASSED	
EXTERNAL STANDARD	0.077	12:06	PUMP OFF		PASSED	
BLANK TEST	0.000	12:07				
			FILTER IN	FO		
Average = 0.0770			Filter 1		PASSED	
Std Dev = 0.0000			Filter 2		PASSED	
			Filter 3		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.

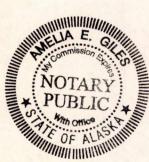
1/30/20 round M

Brandi M. Barnett Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this 30^{4} day of 26_{4} , 20 20

Notary Public

My Commission Expires With Office





COB 1/21/2020