## VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Serial #: 100416

## Date:02/08/2020

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External Standard Test Values			Diagnostic Check	
EXTERNAL STANDARD INFOR	MATTON			
NOMINAL: 0.080	MATION		VERSIONS	
TARGET AT 29.15: 0.078			DMT: 3.02	
LOT #: AG826101			PIC: 3.02	
EXPIRATION: 09/18/2020			Modem: 2.6	
TANK PRESSURE: 735 psi			Questions: 2.2	
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BLANK TEST	0.000	05:35	TEMPERATURES	
INTERNAL STANDARD	VERIFIED			
EXTERNAL STANDARD		05:36	Sample Chamber = 48.7°C	PASSED
BLANK TEST		05:36	Breath Tube = $48.1^{\circ}$ C	PASSED
EXTERNAL STANDARD		05:37		THOOLD
BLANK TEST		05:38	PUMP INFO	
EXTERNAL STANDARD		05:38	Flow Rate = $4.963 \text{ L/M}$	PASSED
BLANK TEST		05:39		THOOLD
EXTERNAL STANDARD		05:39	DETECTOR INFO	
BLANK TEST		05:40	PUMP ON	PASSED
EXTERNAL STANDARD		05:40	PUMP OFF	PASSED
BLANK TEST		05:41		THOULD
			FILTER INFO	
Average = $0.0764$			Filter 1	PASSED
Std Dev = $0.0005$			Filter 2	PASSED
			Filter 3	PASSED
				110000
			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

\_ day of \_\_\_\_\_, 20 20 Subscribed and sworn before me this \_\_\_\_\_

**Notary** Public

My Commission Expires With Office





