## VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100675 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:12/12/2019

## External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 29.40: 0.079 LOT #: AG735001 EXPIRATION: 12/16/2019 TANK PRESSURE: 1166 psi

0.000 12:02 BLANK TEST INTERNAL STANDARD VERIFIED 12:02 EXTERNAL STANDARD 0.077 12:02 0.000 12:03 BLANK TEST EXTERNAL STANDARD 0.077 12:03 0.000 12:04 BLANK TEST EXTERNAL STANDARD 0.077 12:04 BLANK TEST 0.000 12:06 EXTERNAL STANDARD 0.077 12:06 BLANK TEST 0.000 12:07 EXTERNAL STANDARD 0.077 12:07 BLANK TEST 0.000 12:08

Average = 0.0770Std Dev = 0.0000

## Diagnostic Check

VERSIONS DMT: 3.02 PIC: 3.03 Modem: 2.6 Questions: 2.2

TEMPERATURES

INTERNAL STANDARD

Sample Chamber = 48.7°C PASSED  $= 48.1^{\circ}C$ PASSED Breath Tube PUMP INFO Flow Rate = 5.106 L/M PASSED DETECTOR INFO PUMP ON PASSED PUMP OFF PASSED FILTER INFO Filter 1 PASSED Filter 2 PASSED Filter 3 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.

1/10/20

(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.

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Brandi M. Barnett Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this

9 day of /An , 20 Z

Notary Public

My Commission Expires With Office





PASSED

