VERIFICATION OF CALIBRATION REPORT

Serial #: 100379

of DataMaster dmt Breath Test Instrument State of Alaska Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:07/29/2022

External Standard Test Values			Diagnostic Check	
EXTERNAL STANDARD INFO NOMINAL: 0.080 TARGET AT 29.81: 0.080 LOT #: AG135004 EXPIRATION: 12/16/2023 TANK PRESSURE: 1253 ps.			VERSIONS DMT: 3.02 PIC: 3.02 Modem: 2.6 Questions: 2.2	
BLANK TEST INTERNAL STANDARD	VERIFIED		TEMPERATURES	
EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD	0.000		Sample Chamber = 48.8°C Breath Tube = 46.8°C	PASSED PASSED
BLANK TEST EXTERNAL STANDARD BLANK TEST	0.000 0.079 0.000	14:13	PUMP INFO Flow Rate = 4.376 L/M	PASSED
EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD	0.080 0.000 0.080	14:15 14:15	DETECTOR INFO PUMP ON PUMP OFF	PASSED PASSED
BLANK TEST Average = 0.0794	0.000	14:16	FILTER INFO Filter 1	PASSED
Std Dev = 0.0005			Filter 2 Filter 3	PASSED PASSED
			INTERNAL STANDARD	PASSED

I, Derek J. Walton, 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) 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.

Nat 10/07/22 De ek J. Walton

Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this _____ day of ______, 20 _____

On On her Notary Public

My Commission Expires With Office

