## VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100388

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date: 09/05/2021

## External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 27.31: 0.073

LOT #: AG113402

EXPIRATION: 05/14/2023 TANK PRESSURE: 1246 psi

BLANK TEST	0.000	12:02
INTERNAL STANDARD	VERIFIED	12:02
EXTERNAL STANDARD	0.072	12:02
BLANK TEST	0.000	12:03
EXTERNAL STANDARD	0.072	12:03
BLANK TEST	0.000	12:04
EXTERNAL STANDARD	0.072	12:04
BLANK TEST	0.000	12:05
EXTERNAL STANDARD	0.072	12:05
BLANK TEST	0.000	12:06
EXTERNAL STANDARD	0.072	12:06
BLANK TEST	0.000	12:07

Average = 0.0720Std Dev = 0.0000

## Diagnostic Check

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

TEMPERATURES

Sample Chamber = 48.7°C PASSED Breath Tube = 48.1°C PASSED

PUMP INFO

Flow Rate = 4.319 L/MPASSED

DETECTOR INFO PUMP ON

PASSED PUMP OFF PASSED

FILTER INFO Filter 1 Filter 2

PASSED PASSED PASSED

Filter 3 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.

10/6/21

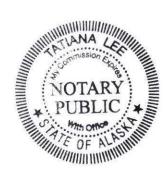
Brandi M. Barnett Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this <u>OU</u> day of <u>ID</u>, 20 <u>21</u>

Notary Public

My Commission Expires With Office





COB 9/2+/21