## VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

## Serial #: 100388

Date:06/20/2019

External St	andard Test	Values	Diagnostic Check	
EXTERNAL STANDARD INFORMATION NOMINAL: 0.080 TARGET AT 27.97: 0.075			VERSIONS DMT: 3.02	
LOT #: AG735001			PIC: 3.02	
EXPIRATION: 12/16/2019			Modem: 2.6	
TANK PRESSURE: 1071 psi			Questions: 2.2	
BLANK TEST	0.000		TEMPERATURES	
INTERNAL STANDARD	VERIFIED	18:37		
EXTERNAL STANDARD	0.074	18:37	Sample Chamber = 48.8°C	PASSED
BLANK TEST	0.000	18:38	Breath Tube = 48.1°C	PASSED
EXTERNAL STANDARD	0.074	18:38		
BLANK TEST	0.000	18:39	PUMP INFO	
EXTERNAL STANDARD	0.073	18:39	Flow Rate = $4.457 \text{ L/M}$	PASSED
BLANK TEST	0.000	18:40		
EXTERNAL STANDARD	0.073	18:40	DETECTOR INFO	
BLANK TEST	0.000	18:41	PUMP ON	PASSED
EXTERNAL STANDARD	0.073	18:41	PUMP OFF	PASSED
BLANK TEST	0.000	18:42		
			FILTER INFO	
Average = $0.0734$			Filter 1	PASSED
Std Dev = $0.0005$			Filter 2	PASSED
			Filter 3	PASSED
			INTERNAL STANDARD	PASSED

I, Charles R. Foster, 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.

8/16/19

Charles R. Foster Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this 16 day of 08, 20 19

Notary Public My Commission Expires With Office



