## VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100351

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date: 08/20/2021

## External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 29.54: 0.079 LOT #: AG113402 EXPIRATION: 05/14/2023

TANK PRESSURE: 1270 psi

BLANK TEST	0.000	09:29
INTERNAL STANDARD	VERIFIED	09:29
EXTERNAL STANDARD	0.079	09:30
BLANK TEST	0.000	09:31
EXTERNAL STANDARD	0.078	09:31
BLANK TEST	0.000	09:32
EXTERNAL STANDARD	0.078	09:32
BLANK TEST	0.000	09:33
EXTERNAL STANDARD	0.078	09:33
BLANK TEST	0.000	09:34
EXTERNAL STANDARD	0.079	09:34
BLANK TEST	0.000	09:35

Average = 0.0784Std Dev = 0.0005

## Diagnostic Check

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

TEMPERATURES

Sample Chamber = 48.7°C PASSED Breath Tube = 42.4 °C PASSED

PUMP INFO

Flow Rate = 4.632 L/MPASSED

DETECTOR INFO

PUMP ON PASSED PUMP OFF PASSED

FILTER INFO

Filter 1 PASSED Filter 2 PASSED

Filter 3

INTERNAL STANDARD

PASSED

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.

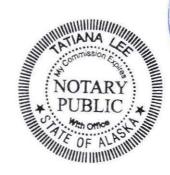
Brandi M. Barnett Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this 04 day of 10 , 20 21

Notary Public

My Commission Expires With Office





(OB 9/27/21