VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100676 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:05/03/2018

PASSED

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 27.33: 0.073 LOT #: AG634001 EXPIRATION: 12/05/2018 TANK PRESSURE: 1229 psi

BLANK TEST	0.000	15:13
INTERNAL STANDARD	VERIFIED	15:13
EXTERNAL STANDARD	0.073	15:13
BLANK TEST	0.000	15:14
EXTERNAL STANDARD	0.073	15:14
BLANK TEST	0.000	15:15
EXTERNAL STANDARD	0.073	15:15
BLANK TEST	0.000	15:16
EXTERNAL STANDARD	0.073	15:16
BLANK TEST	0.000	15:17
EXTERNAL STANDARD	0.073	15:17
BLANK TEST	0.000	15:18

Average = 0.0730 Std Dev = 0.0000

Diagnostic Check

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

INTERNAL STANDARD

Questions. 2.2	
TEMPERATURES	
Sample Chamber = 48.7°C	PASSED
Breath Tube = 48.1°C	PASSED
PUMP INFO	
Flow Rate = 3.828 L/M	PASSED
DETECTOR INFO	
PUMP ON	PASSED
PUMP OFF	PASSED
FILTER INFO	
Filter 1	PASSED
Filter 2	PASSED
Filter 3	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.

7/19/19

Charles R. Foster Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this 19 day of 07, 20 19

Notary Public

My Commission Expires With Office

PUBLIC & SON TE OF ALL THE OF ALL



Jm 06/25/19