VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date: 07/23/2020

PASSED

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

Serial #: 100682

TARGET AT 29.81: 0.080 LOT #: AG826101 EXPIRATION: 09/18/2020 TANK PRESSURE: 420 psi

BLANK TEST	0.000	11:21
INTERNAL STANDARD	VERIFIED	11:21
EXTERNAL STANDARD	0.076	11:21
BLANK TEST	0.000	11:22
EXTERNAL STANDARD	0.076	11:22
BLANK TEST	0.000	11:23
EXTERNAL STANDARD	0.076	11:24
BLANK TEST	0.000	11:24
EXTERNAL STANDARD	0.076	11:25
BLANK TEST	0.000	11:26
EXTERNAL STANDARD	0.076	11:26
BLANK TEST	0.000	11:27

Average = 0.0760 Std Dev = 0.0000

Diagnostic Check

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

INTERNAL STANDARD

TEMPERATURES	
Sample Chamber = 49.1°C	PASSED
Breath Tube = 46.0°C	PASSED
PUMP INFO	
Flow Rate = 4.761 L/M	PASSED
DETECTOR INFO	
PUMP ON	PASSED
PUMP OFF	PASSED
FILTER INFO	
Filter 1	PASSED
Filter 2	PASSED
Filter 3	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.

and M 9/1/20 (6) The referenced instrument is certified for evidentiary use in the State of Alaska.

ndi M. Barnett Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this 0/day of /4/20 20

My Commission Expires With Office



COB 8/12/20