

VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska

Serial #: 100402

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date: 07/26/2018

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080
TARGET AT 30.10: 0.080
LOT #: AG634001
EXPIRATION: 12/05/2018
TANK PRESSURE: 676 psi

BLANK TEST	0.000	07:42
INTERNAL STANDARD	VERIFIED	07:42
EXTERNAL STANDARD	0.078	07:42
BLANK TEST	0.000	07:43
EXTERNAL STANDARD	0.078	07:43
BLANK TEST	0.000	07:44
EXTERNAL STANDARD	0.077	07:44
BLANK TEST	0.000	07:45
EXTERNAL STANDARD	0.077	07:45
BLANK TEST	0.000	07:46
EXTERNAL STANDARD	0.077	07:46
BLANK TEST	0.000	07:47

Average = 0.0774
Std Dev = 0.0005

Diagnostic Check

VERSIONS

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

TEMPERATURES

Sample Chamber = 48.7°C PASSED
Breath Tube = 45.6°C PASSED

PUMP INFO

Flow Rate = 5.274 L/M PASSED

DETECTOR INFO

PUMP ON PASSED
PUMP OFF PASSED

FILTER INFO

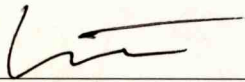
Filter 1 PASSED
Filter 2 PASSED
Filter 3 PASSED

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.

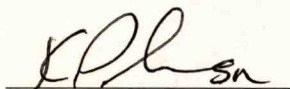
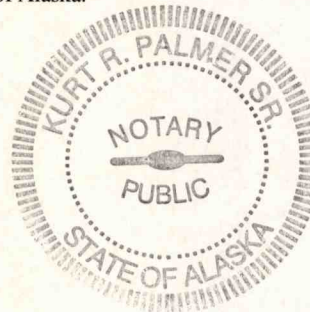


10/30/18

Charles R. Foster
Scientific Director
State Breath Alcohol Program

Subscribed and sworn before me this ³⁰ ~~10~~ day of ^{Oct.} ~~30~~, 20 ~~18~~

(HP)



Kurt R. Palmer Sr., Notary Public
My Commission Expires With Office

COB 10/2/18