VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

External Standard Test Values Dia

EXTERNAL STANDARD INFORM	MATION
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NOMINAL: 0.080 TARGET AT 28.80: 0.077

Serial #: 100690

LOT #: AG310901 EXPIRATION: 04/19/2025 TANK PRESSURE: 1096 psi

BLANK TEST	0.000	12:02
INTERNAL STANDARD	VERIFIED	12:02
EXTERNAL STANDARD	0.073	12:02
BLANK TEST	0.000	12:03
EXTERNAL STANDARD	0.074	12:03
BLANK TEST	0.000	12:04
EXTERNAL STANDARD	0.075	12:04
BLANK TEST	0.000	12:05
EXTERNAL STANDARD	0.075	12:05
BLANK TEST	0.000	12:06
EXTERNAL STANDARD	0.076	12:06
BLANK TEST	0.000	12:07

Average = 0.0746Std Dev = 0.0011

Diagnostic Check

Date: 09/05/2024

PASSED

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

INTERNAL STANDARD

TEMPERATURES	
Sample Chamber = 48.7°C	PASSED
Breath Tube = 46.4°C	PASSED
PUMP INFO	
Flow Rate = 4.013 L/M	PASSED
DETECTOR INFO	
PUMP ON	PASSED
PUMP OFF	PASSED
FILTER INFO	
Filter 1	PASSED
Filter 2	PASSED
Filter 3	PASSED

- I, Derek J. Walton, 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) As of the date signed below, I certify that the calibration of the referenced instrument was accurate on the date in which the above tests were performed and therefore certified for evidentiary use in the State of Alaska.

Derek J. Walton Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this _____ day of _______, 20 ________

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Notary Public

My Commission Expires With Office



