VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100424 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program Date:05/14/2019

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 29.29: 0.078 LOT #: AG735001 EXPIRATION: 12/16/2019 TANK PRESSURE: 588 psi

BLANK TEST 0.000 09:46 INTERNAL STANDARD VERIFIED 09:46 EXTERNAL STANDARD 0.076 09:46 BLANK TEST 0.000 09:47 EXTERNAL STANDARD 0.076 09:47 BLANK TEST 0.000 09:48 EXTERNAL STANDARD 0.076 09:48 BLANK TEST 0.000 09:49 EXTERNAL STANDARD 0.076 09:49 BLANK TEST 0.000 09:50 EXTERNAL STANDARD 0.076 09:50 BLANK TEST 0.000 09:51

Average = 0.0760Std Dev = 0.0000

Diagnostic Check

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

TEMPERATURES

101110100	
Sample Chamber = 48.8°C Breath Tube = 47.5°C	PASSED PASSED
breach lube - 47.5 C	FASSED
PUMP INFO	
Flow Rate = 3.882 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.

6/7/19

Charles R. Foster Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this _____ day of ______, 20 19____

Notary Public

My Commission Expires With Office





m 05/20/19