VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100696

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program Date:04/11/2018

External Standard Test Values			Diagnostic Check	
EXTERNAL STANDARD INFORM	ATION		1 Sec. 24	
NOMINAL: 0.080			VERSIONS	
TARGET AT 29.25: 0.078			DMT: 3.02	
LOT #: AG634001			PIC: 3.03	
EXPIRATION: 12/05/2018			Modem: 2.6	
TANK PRESSURE: 349 psi			Questions: 2.2	
BLANK TEST	0 000	12:02	TEMPERATURES	
INTERNAL STANDARD	VERIFIED			
EXTERNAL STANDARD		12:02	Sample Chamber = 48.7°C	PASSED
BLANK TEST		12:03	Breath Tube = 46.0° C	PASSED
EXTERNAL STANDARD		12:03		
BLANK TEST		12:04	PUMP INFO	
EXTERNAL STANDARD		12:04	Flow Rate = 4.659 L/M	PASSED
BLANK TEST		12:05	1100 1000 11000 1/1	
EXTERNAL STANDARD		12:05	DETECTOR INFO	
BLANK TEST		12:06	PUMP ON	PASSED
EXTERNAL STANDARD		12:06	PUMP OFF	PASSED
BLANK TEST		12:07	TONE OFF	
BLANK TEST	0.000	12.07	FILTER INFO	
Average = 0.0780			Filter 1	PASSED
Std Dev = 0.0000			Filter 2	PASSED
Sta Dev = 0.0000			Filter 3	PASSED
			FIICEI J	TASSED
			INTERNAL STANDARD	PASSED
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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.

5/3/18

Charles R. Foster Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this $3_{\text{day of }} OS_{,20} OS$

Carlie K. Bailey, Notary Public

My Commission Expires With Office





C034/25/18