VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

Serial #: 100424

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:09/08/2023

External Standar	rd Test Values	Diagnosti	Diagnostic Check	
EXTERNAL STANDARD INFORMATIC NOMINAL: 0.080 TARGET AT 29.34: 0.078 LOT #: AG310901 EXPIRATION: 04/19/2025 TANK PRESSURE: 1186 psi	ИС	VERSIONS DMT: 3.02 PIC: 3.03 Modem: 2.6 Questions: 2.2		
INTERNAL STANDARD VER EXTERNAL STANDARD	0.000 10:58 RIFIED 10:58 0.078 10:59 0.000 11:00	TEMPERATURES Sample Chamber = 48.8°C Breath Tube = 48.0°C	PASSED PASSED	
BLANK TEST0.00EXTERNAL STANDARD0.08BLANK TEST0.00	0.081 11:00 0.000 11:01 0.081 11:01 0.000 11:02 0.081 11:02	PUMP INFO Flow Rate = 3.817 L/M DETECTOR INFO	PASSED	
BLANK TEST EXTERNAL STANDARD	0.081 11:02 0.000 11:03 0.081 11:03 0.000 11:04	PUMP ON PUMP OFF	PASSED PASSED	
Average = 0.0804 Std Dev = 0.0013		Filter 1 Filter 2 Filter 3	PASSED PASSED PASSED	
		INTERNAL STANDARD	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.

De Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this **22** day of <u>11</u>, 20 **23**

stanta Notary Public

My Commission Expires With Office



