## 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

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

Serial #: 100352

TARGET AT 29.74: 0.080 LOT #: AG310901

EXPIRATION: 04/19/2025 TANK PRESSURE: 896 psi

0.000	12:02
VERIFIED	12:02
0.080	12:02
0.000	12:03
0.080	12:03
0.000	12:04
0.080	12:04
0.000	12:05
0.080	12:05
0.000	12:06
0.080	12:06
0.000	12:07
	VERIFIED 0.080 0.000 0.080 0.000 0.080 0.000 0.080

Average = 0.0800 Std Dev = 0.0000

## Diagnostic Check

Date: 10/24/2024

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

TEMPERATURES

Sample Chamber =  $48.7^{\circ}$ C PASSED Breath Tube =  $48.1^{\circ}$ C PASSED

PUMP INFO

DETECTOR INFO

Flow Rate = 5.026 L/M PASSED

PUMP ON PASSED
PUMP OFF PASSED

FILTER INFO
Filter 1 PASSED

Filter 1 PASSED Filter 2 PASSED Filter 3 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.

Derek J. Walton Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this 26 day of 11, 20 24

Notary Public

My Commission Expires With Office

NOTARY PUBLIC \*

Date: 10/31/24

CIEN

Tech Reviewer Initials: MUC