VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:01/03/2025

External Standard Test Values			Diagnosti	Diagnostic Check	
EXTERNAL STANDARD INF NOMINAL: 0.080 TARGET AT 29.82: 0.08 LOT #: AG310901 EXPIRATION: 04/19/202 TANK PRESSURE: 905 ps	30		VERSIONS DMT: 3.02 PIC: 3.02 Modem: 2.6 Questions: 2.2		
BLANK TEST INTERNAL STANDARD EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD BLANK TEST Average = 0.0780 Std Dev = 0.0000	0.000 VERIFIED 0.078 0.000 0.078 0.000 0.078 0.000 0.078 0.000 0.078	12:02 12:03 12:03 12:04 12:04 12:05 12:05 12:05	TEMPERATURES Sample Chamber = 48.7°C Breath Tube = 47.5°C PUMP INFO Flow Rate = 4.832 L/M DETECTOR INFO PUMP ON PUMP OFF FILTER INFO Filter 1 Filter 2 Filter 3 INTERNAL STANDARD	PASSED PASSED PASSED PASSED PASSED PASSED PASSED PASSED	
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I, Charles R. Foster, after being first duly sworn, depose and state as follows:

(1) I am a current employee of 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.

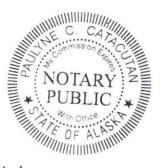
Serial #: 100388

Charles R. Foster Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this 05 day of 02, 20 25

Notary Public My Commission Expires With Office





Tech Reviewer Initials: ______

Date: