## VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100344 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program Date: 02/21/2020

## **External Standard Test Values**

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 29.72: 0.079 LOT #: AG826101 EXPIRATION: 09/18/2020 TANK PRESSURE: 678 psi

BLANK TEST	0.000	12:02
INTERNAL STANDARD	VERIFIED	12:02
EXTERNAL STANDARD	0.077	12:02
BLANK TEST	0.000	12:03
EXTERNAL STANDARD	0.077	12:03
BLANK TEST	0.000	12:04
EXTERNAL STANDARD	0.077	12:04
BLANK TEST	0.000	12:05
EXTERNAL STANDARD	0.077	12:05
BLANK TEST	0.000	12:06
EXTERNAL STANDARD	0.077	12:06
BLANK TEST	0.000	12:07

Average = 0.0770Std Dev = 0.0000

## Diagnostic Check

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

## TEMPERATURES

Sample Chamber = 48.8°C	PASSED
Breath Tube = 48.1°C	PASSED
PUMP INFO	
Flow Rate = 5.792 L/M	PASSED
DETECTOR INFO	
PUMP ON	PASSED
PUMP OFF	PASSED
FILTER INFO	
Filter 1	PASSED
Filter 2	PASSED
Filter 3	PASSED
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INTERNAL STANDARD	PASSED

I, Brandi M. Barnett, 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.

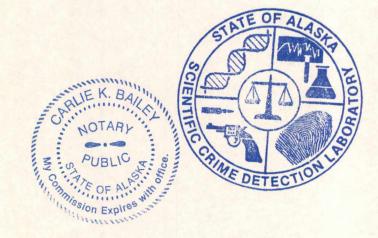
Scientific Director

State Breath Alcohol Program

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_\_\_, 20 \_\_\_\_\_

Notary Public

My Commission Expires With Office



N 02/24/20