VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alasha

Serial #: 100388

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:10/24/2022

External Standard Test Values			Diagnostic Check	
EXTERNAL STANDARD INF NOMINAL: 0.080 TARGET AT 27.58: 0.07 LOT #: AG113402 EXPIRATION: 05/14/202 TANK PRESSURE: 569 ps BLANK TEST	23	12:02	VERSIONS DMT: 3.02 PIC: 3.02 Modem: 2.6 Questions: 2.2 TEMPERATURES	
INTERNAL STANDARD EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD	0.073 0.000 0.073	12:02 12:03 12:03	Sample Chamber = 48.8°C Breath Tube = 48.1°C	
BLANK TEST EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD	0.000 0.073 0.000 0.073	12:04 12:05	PUMP INFO Flow Rate = 4.455 L/M DETECTOR INFO	PASSED
BLANK TEST EXTERNAL STANDARD BLANK TEST	0.000 0.073	12:06	PUMP ON PUMP OFF	PASSED PASSED
Average = 0.0730 Std Dev = 0.0000			FILTER INFO 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.

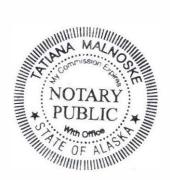
Dered J. Walton

Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this \underline{DS} day of $\underline{10}$, 20 $\underline{10}$

IMAS

Notary Public My Commission Expires With Office





00"/14/00