VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Serial #: 100360

Date:04/14/2025

External Standard Test Values			Diagnostic	Diagnostic Check	
EXTERNAL STANDARD INN NOMINAL: 0.080 TARGET AT 29.96: 0.08 LOT #: AG310901 EXPIRATION: 04/19/202 TANK PRESSURE: 841 ps BLANK TEST INTERNAL STANDARD BLANK TEST EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD BLANK TEST AVERAGE = 0.0790	00 25 31 0.000 11:49	11:50 11:50 11:51 11:51 11:52 11:52 11:53 11:53 11:54 11:54	VERSIONS DMT: 3.02 PIC: 3.02 Modem: 2.6 Questions: 2.2 TEMPERATURES Sample Chamber = 48.8°C Breath Tube = 46.0°C PUMP INFO Flow Rate = 4.843 L/M DETECTOR INFO FUMP ON PUMP OFF FILTER INFO Filter 1	PASSED PASSED PASSED PASSED PASSED PASSED	
Std Dev = 0.0000			Filter 2 Filter 3 INTERNAL STANDARD	PASSED PASSED PASSED	

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.

Charles R. Foster Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this <u>12</u> day of <u>55</u>, 20 <u>25</u>

Notary Public

My Commission Expires With Office





Tech Reviewer Initials: _____

Date: 4/20/25