VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska

Serial #: 100345

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:01/03/2025

External Standard Test Values			Diagnostic Check	
EXTERNAL STANDARD INF NOMINAL: 0.080 TARGET AT 30.14: 0.08 LOT #: AG310901 EXPIRATION: 04/19/202 TANK PRESSURE: 324 ps BLANK TEST	1 5 i 0.000		VERSIONS DMT: 3.02 PIC: 3.02 Modem: 2.6 Questions: 2.2 TEMPERATURES	
INTERNAL STANDARD EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD	VERIFIED 0.079 0.000 0.079	12:02 12:03 12:03	Sample Chamber = 48.8°C Breath Tube = 43.9°C	PASSED PASSED
BLANK TEST EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD	0.000 0.079 0.000 0.079	12:04 12:05	PUMP INFO Flow Rate = 4.385 L/M DETECTOR INFO	PASSED
BLANK TEST EXTERNAL STANDARD BLANK TEST	0.000 0.079 0.000	12:06	PUMP ON PUMP OFF FILTER INFO	PASSED PASSED
Average = 0.0790 Std Dev = 0.0000			Filter 1 Filter 2 Filter 3	PASSED PASSED PASSED
			INTERNAL STANDARD	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 _____ day of _____, 20 ____



My Commission Expires With Office





Tech Reviewer Initials: MAC

Date: 1/21/25