VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska

Serial #: 100357

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:05/30/2019

External Standard Test Values			Diagnostic Check	
EXTERNAL STANDARD INFO	ORMATION		unnarous a	
NOMINAL: 0.080			VERSIONS	
TARGET AT 29.68: 0.079			DMT: 3.02 PIC: 3.02	
LOT #: AG735001			Modem: 2.6	
EXPIRATION: 12/16/2019			Questions: 2.2	
TANK PRESSURE: 174 psi	1		Questions: 2.2	
BLANK TEST	0.000	12:25	TEMPERATURES	
INTERNAL STANDARD	VERIFIED			
EXTERNAL STANDARD		12:25	Sample Chamber = 48.8°C	PASSED
BLANK TEST		12:26	Breath Tube = 48.1°C	PASSED
EXTERNAL STANDARD		12:27		
BLANK TEST		12:27	PUMP INFO	
EXTERNAL STANDARD		12:28	Flow Rate = 4.428 L/M	PASSED
BLANK TEST		12:29		
EXTERNAL STANDARD		12:29	DETECTOR INFO	
BLANK TEST	0.000	12:30	PUMP ON	PASSED
EXTERNAL STANDARD	0.079	12:30	PUMP OFF	PASSED
BLANK TEST	0.000	12:31		
			FILTER INFO	
Average = 0.0782			Filter 1	PASSED
Std Dev = 0.0004			Filter 2	PASSED
			Filter 3	PASSED
			INTERNAL STANDARD	PASSED
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I, Charles R. Foster, 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.

7/19/19 Charles R. Foster

Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this 19 day of 07, 20 19

ary Public

My Commission Expires With Office





COB =/15/19