VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100344 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program Date: 05/30/2019

PASSED

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 29.61: 0.079

LOT #: AG826101

EXPIRATION: 09/18/2020

TANK PRESSURE: 1052 psi

BLANK TEST	0.000	12:02
INTERNAL STANDARD	VERIFIED	12:02
EXTERNAL STANDARD	0.078	12:02
BLANK TEST	0.000	12:03
EXTERNAL STANDARD	0.078	12:03
BLANK TEST	0.000	12:04
EXTERNAL STANDARD	0.078	12:04
BLANK TEST	0.000	12:05
EXTERNAL STANDARD	0.078	12:05
BLANK TEST	0.000	12:06
EXTERNAL STANDARD	0.078	12:06
BLANK TEST	0.000	12:07

Average = 0.0780Std Dev = 0.0000

Diagnostic Check

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

INTERNAL STANDARD

TEMPERATURES	
Sample Chamber = 48.9°C	PASSED
Breath Tube = 48.1°C	PASSED
PUMP INFO	
Flow Rate = 5.839 L/M	PASSED
DETECTOR INFO	
PUMP ON	PASSED
PUMP OFF	PASSED
FILTER INFO	
Filter 1	PASSED
Filter 2	PASSED
Filter 3	PASSED

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

Notary Public My Commission Expires With Office



COB 7/15/19