VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

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

Serial #: 100364

Date:05/30/2025

External Standard Test ValuesDiagnostic CheckEXTERNAL STANDARD INFORMATION NOMINAL: 0.080 TARGET AT 29.48: 0.079 LOT #: AG436502 EXPIRATION: 12/30/2026 TANK PRESSURE: 1153 psiVERSIONS DMT: 3.02 PIC: 3.02 Modem: 2.6 Questions: 2.2BLANK TEST INTERNAL STANDARD0.000 VERIFIED 12:02TEMPERATURES	
NOMINAL: 0.080 VERSIONS TARGET AT 29.48: 0.079 DMT: 3.02 LOT #: AG436502 PIC: 3.02 EXPIRATION: 12/30/2026 Modem: 2.6 TANK PRESSURE: 1153 psi Questions: 2.2 BLANK TEST 0.000 12:02 TEMPERATURES	
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BLANK TEST 0.000 12:02 TEMPERATURES	
THERDING CHANDADD VERTEED 12.02	
EXTERNAL STANDARD 0.077 12:02 Sample Chamber = 48.9°C PASSE	
BLANK TEST 0.000 12:03 Breath Tube = 46.1°C PASSE	D
EXTERNAL STANDARD 0.078 12:03	
BLANK TEST 0.000 12:04 PUMP INFO	
EXTERNAL STANDARD 0.078 12:04 Flow Rate = 5.178 L/M PASSE	D
BLANK TEST 0.000 12:05	
EXTERNAL STANDARD 0.078 12:05 DETECTOR INFO	_
BLANK TEST 0.000 12:06 PUMP ON PASSE	
EXTERNAL STANDARD 0.078 12:07 PUMP OFF PASSE	D
BLANK TEST 0.000 12:07	
FILTER INFO	
Average = 0.0778 Filter 1 PASSE	
Std Dev = 0.0004 Filter 2 PASSE	
Filter 3 PASSE	D
INTERNAL STANDARD PASSE	D
INTERNAL STANDARD TROSE	

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>02</u> day of <u>07</u>, 20 <u>25</u>

Notary Public My Commission Expires With Office





Tech Reviewer Initials:

Date: 06/18/25