VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100385

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:2/21/2020

External Standard Test Values			Diagnostic Check	
EXTERNAL STANDARD IN	FORMATION			
NOMINAL: 0.080			VERSIONS	
TARGET AT 29.54: 0.079			DMT: 3.02	
LOT #: AG826101			PIC: 3.02	
EXPIRATION: 9/18/2020			Modem: 2.6	
TANK PRESSURE: 616 psi			Questions: 2.2	
BLANK TEST	0.000	12:02	TEMPERATURES	
INTERNAL STANDARD	VERIFIED	12:02		
EXTERNAL STANDARD	0.079	12:02	Sample Chamber = 48.9°C	PASSED
BLANK TEST	0.000	12:03	Breath Tube = 48.1°C	PASSED
EXTERNAL STANDARD	0.079	12:03		
BLANK TEST	0.000	12:04	PUMP INFO	
EXTERNAL STANDARD	0.079	12:04	Flow Rate = 4.613 L/M	PASSED
BLANK TEST	0.000	12:05		
EXTERNAL STANDARD	0.079	12:05	DETECTOR INFO	
BLANK TEST	0.000	12:06	PUMP ON	PASSED
EXTERNAL STANDARD	0.079	12:06	PUMP OFF	PASSED
BLANK TEST	0.000	12:07		
			FILTER INFO	
Average = 0.0790			Filter 1	PASSED
Std Dev = 0.0000	Contraction of the second		Filter 2	PASSED
			Filter 3	PASSED
			INTERNAL STANDARD	PASSED

I, Brandi M. Barnett, 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.

4/7/20 Brandi M. Barnett

Scientific Director State Breath Alcohol Program

day of _____, 20 20 Subscribed and sworn before me this

Notary Public

My Commission Expires With Office

