VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100388 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program Date: 07/18/2025

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 29.94: 0.080 LOT #: AG436502 EXPIRATION: 12/30/2026 TANK PRESSURE: 1173 psi

BLANK TEST	0.000	12:02
INTERNAL STANDARD	VERIFIED	12:02
EXTERNAL STANDARD	0.079	12:02
BLANK TEST	0.000	12:03
EXTERNAL STANDARD	0.079	12:03
BLANK TEST	0.000	12:04
EXTERNAL STANDARD	0.079	12:04
BLANK TEST	0.000	12:05
EXTERNAL STANDARD	0.079	12:05
BLANK TEST	0.000	12:06
EXTERNAL STANDARD	0.079	12:06
BLANK TEST	0.000	12:07

Average = 0.0790Std Dev = 0.0000

Diagnostic Check

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

Quescions. 2.2	
TEMPERATURES	
Sample Chamber = 48.8°C Breath Tube = 48.1°C	PASSED PASSED
PUMP INFO Flow Rate = 4.716 L/M	PASSED
DETECTOR INFO PUMP ON PUMP OFF	PASSED PASSED
FILTER INFO 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___25__

Notary Public

My Commission Expires With Office

PUL PUL Min once

Tech Reviewer Initials:



Date: