## VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date: 09/05/2025

## External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

Serial #: 100377

TARGET AT 29.47: 0.079 LOT #: AG436502 EXPIRATION: 12/30/2026

TANK PRESSURE: 1107 psi

BLANK TEST	0.000	12:02
INTERNAL STANDARD	VERIFIED	12:02
EXTERNAL STANDARD	0.080	12:02
BLANK TEST	0.000	12:03
EXTERNAL STANDARD	0.081	12:03
BLANK TEST	0.000	12:04
EXTERNAL STANDARD	0.081	12:04
BLANK TEST	0.000	12:05
EXTERNAL STANDARD	0.081	12:05
BLANK TEST	0.000	12:06
EXTERNAL STANDARD	0.081	12:06
BLANK TEST	0.000	12:07

Average = 0.0808 Std Dev = 0.0004

## Diagnostic Check

VERSIONS DMT: 3.02 PIC: 3.03 Modem: 2.6 Questions: 2.2

PASSED
PASSED
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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 <u>09</u> day of <u>10</u>, 20 <u>25</u>

Notary Public

My Commission Expires With Office

NOTARY PUBLIC \*

ch Reviewer Initials:



Date: 9(13/1)