## VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska

Serial #: 100695

## Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:09/05/2021

External Standard Test Values			Diagnostic Check	
EXTERNAL STANDARD IN	FORMATION			
NOMINAL: 0.080			VERSIONS	
TARGET AT 28.63: 0.0	77		DMT: 3.02	
LOT #: AG113402			PIC: 3.03	2
EXPIRATION: 05/14/2023			Modem: 2.6	
TANK PRESSURE: 1235 psi			Questions: 2.2	
BLANK TEST	0.000	12:02	TEMPERATURES	
INTERNAL STANDARD	VERIFIED	12:02		
EXTERNAL STANDARD	0.076	12:02	Sample Chamber = 48.9°C	PASSED
BLANK TEST	0.000	12:03	Breath Tube = 47.7°C	PASSED
EXTERNAL STANDARD	0.076	12:03		
BLANK TEST	0.000	12:04	PUMP INFO	
EXTERNAL STANDARD	0.076	12:04	Flow Rate = 4.120 L/M	PASSED
BLANK TEST	0.000	12:05	Production Production (Charles Production)	
EXTERNAL STANDARD	0.076		DETECTOR INFO	
BLANK TEST	0.000		PUMP ON	PASSED
EXTERNAL STANDARD	0.076		PUMP OFF	PASSED
BLANK TEST	0.000	12:07		
			FILTER INFO	
Average = $0.0760$			Filter 1	PASSED
Std Dev = $0.0000$			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.

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Brandi M. Barnett Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this  $\underline{DU}_{day of} \underline{D}_{,20} 2$ 

Notary Public

My Commission Expires With Office





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