VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100679

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:02/21/2021

External Standard Test Values			Diagnostic C	Diagnostic Check	
EXTERNAL STANDARD INF	ORMATION				
NOMINAL: 0.080			VERSIONS		
TARGET AT 29.02: 0.078			DMT: 3.02		
LOT #: AG923401			PIC: 3.03		
EXPIRATION: 08/22/2021			Modem: 2.6		
TANK PRESSURE: 375 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 = 48.1°C	PASSED	
EXTERNAL STANDARD	0.077	12:03			
BLANK TEST	0.000	12:04	PUMP INFO		
EXTERNAL STANDARD	0.076	12:04	Flow Rate = 3.972 L/M	PASSED	
BLANK TEST	0.000	12:05			
EXTERNAL STANDARD	0.076	12:05	DETECTOR INFO		
BLANK TEST	0.000	12:06	PUMP ON	PASSED	
EXTERNAL STANDARD	0.077		PUMP OFF	PASSED	
BLANK TEST	0.000	12:07			
			FILTER INFO		
Average = 0.0764			Filter 1	PASSED	
Std Dev = 0.0005			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.

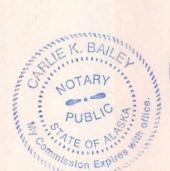
4/9/21

Brandi M. Barnett Scientific Director State Breath Alcohol Program

_day of _____, 20 2 Subscribed and sworn before me this

Notary Public

My Commission Expires With Office





)W 03/02/21