VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100678 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date: 02/21/2025

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 26.63: 0.071 LOT #: AG310901 EXPIRATION: 04/19/2025

EXPIRATION: 04/19/2025 TANK PRESSURE: 543 psi

0.000	12:02
VERIFIED	12:02
0.072	12:02
0.000	12:03
0.072	12:03
0.000	12:04
0.072	12:04
0.000	12:05
0.072	12:05
0.000	12:06
0.072	12:06
0.000	12:07
	VERIFIED 0.072 0.000 0.072 0.000 0.072 0.000 0.072 0.000 0.072 0.000

Average = 0.0720 Std Dev = 0.0000

Diagnostic Check

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

TEMPERATURES

TEMPERATURES	
Sample Chamber = 48.8°C	PASSED
Breath Tube = 48.1°C	PASSED
PUMP INFO	
Flow Rate = 4.474 L/M	PASSED
DETECTOR INFO	
PUMP ON	PASSED
PUMP OFF	PASSED
FILTER INFO	
Filter 1	PASSED
Filter 2	PASSED
Filter 3	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 28 day of 03, 20 25

NOTARY PUBLIC *

Tech Reviewer Initials:

Date: 3/4/25

Notary Public

My Commission Expires With Office