VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

State of Alaska

Serial #: 100396

Date:07/18/2019

External Standard Test Values			Diagnostic Check	
EXTERNAL STANDARD INFO	BMATION		이 그는 것 같은 것 같은 것 같은 것 같은 것 같이 없다.	
NOMINAL: 0.080			VERSIONS	
TARGET AT 29.74: 0.080			DMT: 3.02	
LOT #: AG735001			PIC: 3.02	
EXPIRATION: 12/16/2019			Modem: 2.6	
TANK PRESSURE: 956 psi			Questions: 2.2	
BLANK TEST	0.000		TEMPERATURES	
INTERNAL STANDARD		12:02		
EXTERNAL STANDARD		12:02	Sample Chamber = 48.8°C	PASSED
BLANK TEST		12:03	Breath Tube = 48.1°C	PASSED
EXTERNAL STANDARD	0.077	12:03		
BLANK TEST	0.000	12:04	PUMP INFO	
EXTERNAL STANDARD	0.077	12:04	Flow Rate = 5.122 L/M	PASSED
BLANK TEST	0.000	12:05		
EXTERNAL STANDARD	0.077	12:05	DETECTOR INFO	
BLANK TEST	0.000	12:06	PUMP ON	PASSED
EXTERNAL STANDARD	0.077	12:06	PUMP OFF	PASSED
BLANK TEST	0.000	12:07		
			FILTER INFO	
Average = 0.0770			Filter 1	PASSED
Std Dev = 0.0000			Filter 2	PASSED
			Filter 3	PASSED
			INTERNAL STANDARD	PASSED
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I, Charles R. Foster, 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.

8/16/19

Charles R. Foster Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this 16 day of 08, 20 19

My Commission Expires With Office



