VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska

Serial #: 100695

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:04/11/2021

External Standard Test Values			Diagnostic Check	
EXTERNAL STANDARD INFOR	MATION			
NOMINAL: 0.080			VERSIONS	
TARGET AT 29.17: 0.078			DMT: 3.02	
LOT #: AG923401			PIC: 3.03	
EXPIRATION: 08/22/2021			Modem: 2.6	
TANK PRESSURE: 963 psi			Questions: 2.2	
BLANK TEST	0.000	12:02	TEMPERATURES	
INTERNAL STANDARD	VERIFIED	12:02	A SAMA A COMPANY A SAMA A S	
EXTERNAL STANDARD	0.078	12:02	Sample Chamber = 48.9°C	PASSED
BLANK TEST	0.000	12:03	Breath Tube = 46.2°C	PASSED
EXTERNAL STANDARD	0.078	12:03		
BLANK TEST	0.000	12:04	PUMP INFO	
EXTERNAL STANDARD	0.078	12:04	Flow Rate = 4.276 L/M	PASSED
BLANK TEST	0.000	12:05		
EXTERNAL STANDARD	0.078	12:05	DETECTOR INFO	
BLANK TEST	0.000	12:06	PUMP ON	PASSED
EXTERNAL STANDARD	0.078	12:06	PUMP OFF	PASSED
BLANK TEST	0.000	12:07		
			FILTER INFO	
Average = 0.0780			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.

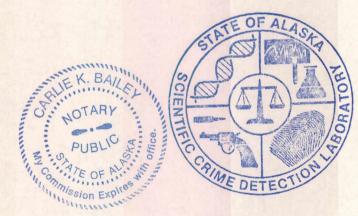
(5) The above is a true and accurate verification of calibration, which is performed by the instrument's software, as specified by the State Breath Alcohol Program. Verification of calibration is a regularly conducted and regularly recorded activity of the State Breath Alcohol Program.(6) The referenced 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 ______ day of _____, 20 ____

Notary Public My Commission Expires With Office



m 04/15/21