VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100697

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:02/21/2020

External Standard Test Values			Diagnostic Check	
EXTERNAL STANDARD INFOR	RMATION			
NOMINAL: 0.080			VERSIONS	
TARGET AT 28.96: 0.077			DMT: 3.02	
LOT #: AG826101			PIC: 3.03	
EXPIRATION: 09/18/2020			Modem: 2.6	
TANK PRESSURE: 575 psi			Questions: 2.2	
BLANK TEST	0.000	12:02	TEMPERATURES	
INTERNAL STANDARD	VERIFIED	12:02		
EXTERNAL STANDARD	0.075	12:02	Sample Chamber = 48.8°C	PASSED
BLANK TEST	0.000	12:03	Breath Tube = 48.1°C	PASSED
EXTERNAL STANDARD	0.075	12:03		
BLANK TEST	0.000	12:04	PUMP INFO	
EXTERNAL STANDARD	0.075	12:04	Flow Rate = 4.249 L/M	PASSED
BLANK TEST	0.000	12:05		
EXTERNAL STANDARD	0.075	12:05	DETECTOR INFO	
BLANK TEST	0.000	12:06	PUMP ON	PASSED
EXTERNAL STANDARD	0.075	12:06	PUMP OFF	PASSED
BLANK TEST	0.000	12:07		
			FILTER INFO	
Average = 0.0750			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.

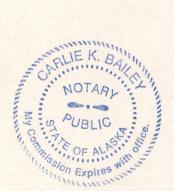
(5) The above is a true and accurate verification of calibration, which is performed by the instrument's software, as specified by the State Breath Alcohol Program. Verification of calibration is a regularly conducted and regularly recorded activity of the State Breath Alcohol Program.
(6) The referenced instrument is certified for evidentiary use in the State of Alaska.

Grandi M. Barnett Scientific Director State Breath Alcohol Program

day of _____, 2020 Subscribed and sworn before me this

Notary Public

My Commission Expires With Office





N 02/26/20