VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska

Serial #: 100690

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:05/15/2023

External Stan	dard Test	Values	Diagnostic Check	
EXTERNAL STANDARD INFORMA NOMINAL: 0.080 TARGET AT 29.47: 0.079 LOT #: AG135004 EXPIRATION: 12/16/2023 TANK PRESSURE: 1221 psi	TION		VERSIONS DMT: 3.02 PIC: 3.03 Modem: 2.6 Questions: 2.2	
BLANK TEST INTERNAL STANDARD EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD	VERIFIED	07:42 07:42	TEMPERATURES Sample Chamber = 48.8°C Breath Tube = 41.8°C	PASSED PASSED
BLANK TEST EXTERNAL STANDARD BLANK TEST EXTERNAL STANDARD	0.000 0.078 0.000 0.077	07:44 07:45	PUMP INFO Flow Rate = 4.107 L/M DETECTOR INFO	PASSED
BLANK TEST EXTERNAL STANDARD BLANK TEST	0.000 0.078 0.000		PUMP ON PUMP OFF FILTER INFO	PASSED PASSED
Average = 0.0770 Std Dev = 0.0012			Filter 1 Filter 2 Filter 3	PASSED PASSED PASSED
			INTERNAL STANDARD	PASSED

I, Derek J. Walton, 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) 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.

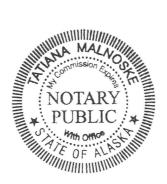
Derek J. Walton

Scientific Director State Breath Alcohol Program

Subscribed and sworn before me this 30 day of 00, 20

tmalmo oku

Notary Public My Commission Expires With Office





COB6/19/23