

VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument

State of Alaska

Serial #: 100388

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date: 12/12/2025

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080
TARGET AT 30.16: 0.081
LOT #: AG436502
EXPIRATION: 12/30/2026
TANK PRESSURE: 1036 psi

| | | |
|-------------------|----------|-------|
| BLANK TEST | 0.000 | 12:02 |
| INTERNAL STANDARD | VERIFIED | 12:02 |
| EXTERNAL STANDARD | 0.079 | 12:02 |
| BLANK TEST | 0.000 | 12:03 |
| EXTERNAL STANDARD | 0.079 | 12:03 |
| BLANK TEST | 0.000 | 12:04 |
| EXTERNAL STANDARD | 0.080 | 12:04 |
| BLANK TEST | 0.000 | 12:05 |
| EXTERNAL STANDARD | 0.080 | 12:05 |
| BLANK TEST | 0.000 | 12:06 |
| EXTERNAL STANDARD | 0.079 | 12:06 |
| BLANK TEST | 0.000 | 12:07 |

Average = 0.0794
Std Dev = 0.0005

Diagnostic Check

VERSIONS

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

TEMPERATURES

Sample Chamber = 48.9°C PASSED
Breath Tube = 44.4°C PASSED

PUMP INFO

Flow Rate = 4.857 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

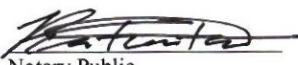
I, Charles R. Foster, after being first duly sworn, depose and state as follows:

- (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 02 day of 02, 20 26



Notary Public
My Commission Expires With Office



Tech Reviewer Initials: CM

Date: 1/14/26