VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Serial #: 100669 Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:04/11/2025

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 29.53: 0.079

LOT #: AG335202

EXPIRATION: 12/18/2025 TANK PRESSURE: 841 psi

0.000	12:02
VERIFIED	12:02
0.077	12:02
0.000	12:03
0.077	12:03
0.000	12:04
0.077	12:04
0.000	12:05
0.077	12:05
0.000	12:06
0.077	12:06
0.000	12:07
	VERIFIED 0.077 0.000 0.077 0.000 0.077 0.000 0.077 0.000 0.077

Average = 0.0770 Std Dev = 0.0000

Diagnostic Check

VERSIONS DMT: 3.02 PIC: 3.03 Modem: 2.6 Questions: 2.2

TEMPERATURES

Sample Chamber = 48.8°C PASSED
Breath Tube = 48.1°C PASSED

PUMP INFO
Flow Rate = 4.374 L/M PASSED

DETECTOR INFO
PUMP ON PASSED

FILTER INFO

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 12 day of 05, 20 25

Notary Public

My Commission Expires With Office



NOTARY PUBLIC *

Tech Reviewer Initials: _______

Date: 4/33/35