VERIFICATION OF CALIBRATION REPORT

of DataMaster dmt Breath Test Instrument State of Alaska

Scientific Crime Detection Laboratory - Statewide Breath Alcohol Program

Date:04/11/2025

External Standard Test Values

EXTERNAL STANDARD INFORMATION

NOMINAL: 0.080

TARGET AT 29.63: 0.079

LOT #: AG335202

Serial #: 100362

EXPIRATION: 12/18/2025 TANK PRESSURE: 479 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 | 0.078 | 12:03 |
| BLANK TEST | 0.000 | 12:04 |
| EXTERNAL STANDARD | 0.078 | 12:04 |
| BLANK TEST | 0.000 | 12:05 |
| EXTERNAL STANDARD | 0.078 | 12:05 |
| BLANK TEST | 0.000 | 12:06 |
| EXTERNAL STANDARD | 0.078 | 12:06 |
| BLANK TEST | 0.000 | 12:07 |

Average = 0.0782 Std Dev = 0.0004

Diagnostic Check

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

| TEMPERATURES | |
|---|----------------------------|
| Sample Chamber = 49.0°C Breath Tube = 45.7°C | PASSED PASSED |
| PUMP INFO Flow Rate = 5.441 L/M | PASSED |
| DETECTOR INFO PUMP ON PUMP OFF | PASSED PASSED |
| FILTER INFO Filter 1 Filter 2 Filter 3 | PASSED PASSED 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: COB

Date: 4/20/25