Form Approved OMB No. 0920-0109 Exp. Date xx/xx/20xx

National Institute for Occupational Safety and Health

Respirator Branch

Test Data Sheet



Task Number:	TN-	Reference #: 42 CFR, Part 84, Subpart H,	Activity	Schedule:
Test Name:	Man Test 1, SCBA - Operating and Breathing (30min)	Sections 84.79, 84.97, 84.99, 84.100, 84.103	Time (Min)	<u>Activity</u>
Subject:	3(11)	STP #: 140	0-2	Take Sample
Manufacturer:			2-10	Walk at 3mph
			10-12	Take Sample
Subject Initial V	Veight:	Respirator Type:	12-20	Walk at 3mph
Subject Final W	/eight:	Age:	20-22	Take Sample
Unit Initial Weig	ght:	Observers:	22-28	Walk at 3mph
Unit Final Weig	ht:	Service Time	28-30	Take Sample

Sampling Schedule:

Time (Min) Gas Percent (Day (CO2 O2 Company) Respiration (CO2 Company)	Resistance Inh. Exh.	Temperature Unit Amb. Final	Pressure Gauge
0-2			
10-12			
20-22			
28-30			
Result:			

Comments:

Was all equipment verified to be in calibration throughout all testing?

Signature: Date:

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