

CBRN APR Lens Fogging Test Data Collection Sheet

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSD Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0109).

CBRN APR Lens Fogging Test Data Collection Sheet

Task Number: _____

Subject ID: _____

Trial #: _____

Chart # 1						Score
20/400	C	O	H	Z	V	
20/320	S	Z	N	D	C	
20/250	V	K	C	N	R	
20/200	K	C	R	H	N	
20/160	Z	K	D	V	C	
20/125	H	V	O	R	K	
20/100	R	H	S	O	N	
20/80	K	S	V	R	H	
20/63	H	N	K	C	D	
20/50	N	D	V	K	O	
20/40	D	H	O	S	Z	
20/32	V	R	N	D	O	
20/25	C	Z	H	K	S	
20/20	O	R	Z	S	K	
20/16	S	C	N	D	Z	
20/12.5	N	D	H	K	C	
20/10	V	K	O	R	H	

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Chart # 2						Score
20/400	Z	R	K	D	C	
20/320	D	N	C	H	V	
20/250	C	D	H	N	R	
20/200	R	V	Z	O	S	
20/160	O	S	D	V	Z	
20/125	N	O	Z	C	D	
20/100	R	D	N	S	K	
20/80	O	K	S	V	Z	
20/63	K	S	N	H	O	
20/50	H	O	V	S	N	
20/40	V	C	S	Z	H	
20/32	C	Z	D	R	V	
20/25	S	H	R	Z	C	
20/20	D	N	O	K	R	
20/16	H	Z	S	C	V	
20/12.5	C	K	R	D	Z	
20/10	R	D	O	N	K	

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Task number: _____

Manufacturer: _____

Respirator Part Number: _____

Chamber Temperature: _____

Chamber Humidity: _____

Subject # 1 ID: _____

Subject # 2 ID: _____

Foot Candles: _____

Foot Candles: _____

Mask ID: _____

Mask ID: _____

Comments:
