National Institute for Occupational Safety and Health



Test Data Sheet	
Task Number:	
Test Name: Cold Temperature Test, Open-Circuit, SCBA	STP #: 118
Manufacturer:	Manufacturer's
Respirator Type:	Requested Temperature:
	Test Data
Subject Temperature	Remarks
*(a) The applicant shall specify the minimum ter tests described in paragraphs (c) and (d) of this sidirections. At the specified temperature, the application (e) of this section. (b) The apparatus will be precooled at the specific the apparatus will be worn in the low temperapparatus, whichever is less. (d) During the test period, alternate 1-minute periods consisting of stepping onto and off a box (e)(1) The apparatus shall function satisfactorily (2) The wearer shall have sufficient unobscured (3) The wearer shall not experience undue discochanges in the operation of the apparatus.	rature chamber for 30 minutes, or for the service time of the eriods of exercise and rest will be required with the exercise 21.5 cm. (8-1/2 inches) high at a rate of 30 cycles per minute. at the specified minimum temperature on duplicate tests. vision to perform the work. mfort because of airflow restriction or other physical or chemical mmercially available to the user may be used on the apparatus
Comments: All subjects were medically cleared for	or testing.
Was all equipment verified to be in ca	alibration throughout all testing?
	Date:
Test Administrator	Form revision: 1.1 March 1, 2023

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).