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 10 CO2 O2 Co2 (Day 10 Co2	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:

Public reporting burden of this collection of information is estimated to average 45 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).