

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

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ay not conduct or sponsor, and a  
ents regarding this burden estimate or  
1 Review Office, 1600 Clifton Road NE,

# Determination of Performance Form

<b>TEB-CCER-STP-0613</b>
<b>Test Information</b>

<b>Date</b>	
<b>Manufacturer</b>	
<b>TN</b>	
<b>Model</b>	
<b>Serial #</b>	
<b>Manufacturing Date</b>	
<b>Phenol:</b>	
<b>Leak Rate</b>	
<b>Capacity</b>	

<b>Subject Height</b>	
<b>Subject Weight Initial</b>	
<b>Subject Weight Final</b>	
<b>Unit Weight Initial</b>	
<b>Unit Weight Final</b>	
<b>Starting O2</b>	
<b>End O2</b>	

	Peak (3.0 L/min.)	High (2.0 L/min.)	Low (.5 L/min.)
<b>Speed</b>			
<b>Grade</b>			

<b>Test Duration</b>	
<b>Technician(s)</b>	

<b>Comments</b>	
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