



Bespoke Specialists in all Hardwood & Softwood Joinery

Qualitative Fit Test Report Form

Test Subject Last Name	BARLOW	Test Date	1511.23
Test Subject First Name	ANDY	Test Time	9.00
Assessor Last Name	WRIGHT		
Assessor First Name	STEVE		,
Mask Worn For Test	SSP M632		

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	2	Reasons for Repeat Tests
Deep Breathing	. P	
Head Side to Side	P	
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	, D	
Overall Result	į i	Pass / Fail

Assessors Signature:	
Subject Signature:	AGC Rules
Date:	15.11-23





Qualitative Fit Test Report Form

Test Subject Last Name	CALDECOTT	Test Date	1511-27
Test Subject First Name	IAN	Test Time	11.30.

Assessor Last Name	weatt
Assessor First Name	Steve
Mask Worn For Test	SSP M632

		T
Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P	Reasons for Repeat Tests
Deep Breathing	P	
Head Side to Side	P	
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	P	
Overall Result		(Pass / Fail

Assessors Signature:	
Subject Signature:	larlo /
Date:	15-11.23





Bespoke Specialists in all Hardwood & Softwood Joinery

Qualitative Fit Test Report Form

Test Subject Last Name	CHIMES	*	Test Date	14-11-23
Test Subject First Name	SAM		Test Time	8.30mm
Assessor Last Name	WRIGHT			
Assessor First Name	Steve			
Mask Worn For Test	TC.0	M129		

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P	Reasons for Repeat Tests
Deep Breathing	P	
Head Side to Side	P	
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	P	
Overall Result	iPASS	Pass / Fail

Assessors Signature:	
Subject Signature:	
Date:	94.11.23



SPECIALIS Bespoke Specialists in all Hardwood & Softwood Joinery



Qualitative Fit Test Report Form

Test Subject Last Name	CZEGE	Test Date	14.11.23
Test Subject First Name	2solt	Test Time	9-00

Assessor Last Name	WIRIGHT
Assessor First Name	STEUF
Mask Worn For Test	JSP. M632

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P	Reasons for Repeat Tests
Deep Breathing	· P	
Head Side to Side	P	×
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	P	
Overall Result	į	Pass / Fail

Assessors Signature:	
Subject Signature:	
Date:	14.11.23



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Qualitative Fit Test Report Form

Test Subject Last Name	DRINKWATER	Test Date	1411.23
Test Subject First Name	PAUL	Test Time	11-00 Am

Assessor Last Name	WRIGHT	
Assessor First Name	STEU	
Mask Worn For Test	JSP M632	

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P	Reasons for Repeat Tests
Deep Breathing	P	
Head Side to Side		
Head Up and Down	1	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	P.	
Overall Result	i	Pass / Fail

Assessors Signature:	· Ja
Subject Signature:	fulling
Date:	14.11.23





Qualitative Fit Test Report Form

Test Subject Last Name	DORAN		Test Date	14-11-23
Test Subject First Name	LEE	a.	Test Time	9.30 AM7

Assessor Last Name	WRIGHT
Assessor First Name	Situt
Mask Worn For Test	JSP M632

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P .	Reasons for Repeat Tests
Deep Breathing	. P	
Head Side to Side	P	
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	P	
Overall Result	i	Pass / Fail

Assessors Signature:	
Subject Signature:	
Date:	14.11.23





Qualitative Fit Test Report Form

Test Subject Last Name	GOULD	Test Date	15:11:23
Test Subject First Name	Solln	Test Time	9.30
Assessor Last Name	1 . VICINT		

Assessor Last Name	WRUNT
Assessor First Name	STEVE
Mask Worn For Test	SSP 11632

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P	Reasons for Repeat Tests
Deep Breathing	. P	
Head Side to Side	P	
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice
Talking	12	assistance:
Normal Breathing	P	
Overall Result	į į	Pass / Fail

Assessors Signature:	
Subject Signature:	V. Call.
Date:	15.11.23



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Qualitative Fit Test Report Form

Test Subject Last Name	Hammond	Test Date	1411.23
Test Subject First Name	ARRON	Test Time	11-30an

Assessor Last Name	WRIGHT	•
Assessor First Name	STEVE	
Mask Worn For Test	JSP M632	

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	7	Reasons for Repeat Tests
Deep Breathing	P	
Head Side to Side	P	
Head Up and Down	7	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice
Talking	P	assistance:
Normal Breathing	P	
Overall Result	i	Pass / Fail

Assessors Signature:	
Subject Signature:	Alla
Date:	14.11.23





Qualitative Fit Test Report Form

Test Subject Last Name	MAY	Test Date	15.11.23
Test Subject First Name	JANE	Test Time	12-00
/		,	
Assessor Last Name	WHUHT	, ,	
Assessor First Name	STEVE	.5.8	
Mask Worn For Test	< CV M 432	-2-,	- -

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P	Reasons for Repeat Tests
Deep Breathing	P	
Head Side to Side	P	
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	· P	
Overall Result		Pass / Fail

Assessors Signature:	
Subject Signature:	5. May
Date:	15-11-23





Qualitative Fit Test Report Form

	4,		
Test Subject Last Name	MCSHARRY	Test Date	14/1/23
Test Subject First Name	204	Test Time	12.00

Assessor Last Name	WORIGHT	
Assessor First Name	STEUE	
Mask Worn For Test	5SP M632	

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P	Reasons for Repeat Tests
Deep Breathing	P	
Head Side to Side		
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	P	
Overall Result	i	Pass/Fail

Assessors Signature:	The state of the s
Subject Signature:	J. M. Slain
Date:	14-11-23





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Qualitative Fit Test Report Form

Test Subject Last Name	PENDER	Test Date	1411.23
Test Subject First Name	RoB	Test Time	12-30.

Assessor Last Name	WRIGHT	·
Assessor First Name	STEUF	
Mask Worn For Test	JSP M632	

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P	Reasons for Repeat Tests
Deep Breathing	P	
Head Side to Side	· D	
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	P	
Overall Result	į	Pass / Fail

Assessors Signature:		
Subject Signature:		
Date:	14.11.23	





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Qualitative Fit Test Report Form

Test Subject Last Name	Payl- Kenan	Test Date	14/1/23
Test Subject First Name	FFION	Test Time	2.00.

Assessor Last Name	WEICHT
Assessor First Name	STEUL
Mask Worn For Test	5SP M632

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P	Reasons for Repeat Tests
Deep Breathing	P	
Head Side to Side	P	
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	. P	assistance:
Normal Breathing	P	
Overall Result	į	(Pass /) Fail

Assessors Signature:	
Subject Signature:	Howkoenon
Date:	14.11.23





Bespoke Specialists in all Hardwood & Softwood Joinery

Qualitative Fit Test Report Form

Test Subject Last Name	TAYLOR	Test Date	14.11.23
Test Subject First Name	MACC	Test Time	2.30.

Assessor Last Name	WRIGHT	
Assessor First Name	STEUE	•
Mask Worn For Test	55P M632	

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P	Reasons for Repeat Tests
Deep Breathing	. P	
Head Side to Side	P	
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	, · P	
Overall Result	i	Pass / Fail

Assessors Signature:	
Subject Signature:	Milalan Il
Date:	14.11.23





Bespoke Specialists in all Hardwood & Softwood Joinery

Qualitative Fit Test Report Form

Test Subject Last Name	WARD.	Test Date	14-11-23
Test Subject First Name	CILYN	Test Time	3.00.

Assessor Last Name	WRIGHT	×
Assessor First Name	STEVE	
Mask Worn For Test	226 W 835	

Exercise	Result (P/F)	Number of Repeat Tests	
Normal Breathing	P	Reasons for Repeat Tests	
Deep Breathing	P		
Head Side to Side	P		* .
Head Up and Down	P	Was Subject Given Assista Correctly? If yes, please brief	ance to Fit Mask
Talking	P	assistance:	ly describe the advice?
Normal Breathing	, P		
Overall Result	i i	Pass	Fail

Assessors Signature:	1/2
Subject Signature:	
Date:	14-11-23/





Bespoke Specialists in all Hardwood & Softwood Joinery

Qualitative Fit Test Report Form

Test Subject Last Name	WINTERBURN	Test Date	1411.23
Test Subject First Name	NATHAN	Test Time	3.30

Assessor Last Name	WRICHT	,
Assessor First Name	STEVE.	
Mask Worn For Test	558 M632	

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	7	Reasons for Repeat Tests
Deep Breathing	. 7	
Head Side to Side	P	
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	·P	
Overall Result	į	Pass / Fail

Assessors Signature:	
Subject Signature:	
Date:	14.11.23





Qualitative Fit Test Report Form

Test Subject Last Name	weicht.	Test Date	14.11.23
Test Subject First Name	STEVE	Test Time	4.00
Assessor Last Name	CALDECOTT		
Assessor First Name	IAN		
Mask Worn For Test	SSP 632		

Exercise	Result (P/F)	Number of Repeat Tests
Normal Breathing	P	Reasons for Repeat Tests
Deep Breathing	. P	
Head Side to Side	. P	
Head Up and Down	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice /
Talking	P	assistance:
Normal Breathing	P	
Overall Result	i	Pass / Fail

Assessors Signature:	land
Subject Signature:	
Date:	14.11.23