

Qualitative Fit Test Report Form

Test Subject Last Name	BARLOW	Test Date	15.11.23
Test Subject First Name	ANDY	Test Time	9.00
Assessor Last Name	WRIGHT		
Assessor First Name	STEVE		
Mask Worn For Test	SSP M632		

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	
Subject Signature:	
Date:	15.11.23



Qualitative Fit Test Report Form

Test Subject Last Name	CALDECOTT	Test Date	15.11.23
Test Subject First Name	IAN	Test Time	11.30.

Assessor Last Name	WRIGHT
Assessor First Name	STEVE
Mask Worn For Test	SSP M632

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	
Subject Signature:	
Date:	15.11.23



Qualitative Fit Test Report Form

Test Subject Last Name	CHIMES	Test Date	14-11-23
Test Subject First Name	SAM	Test Time	8.30am
Assessor Last Name	WRIGHT		
Assessor First Name	STEVE		
Mask Worn For Test	JSP M632		

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result	PASS	Pass / Fail	

Assessors Signature:	
Subject Signature:	
Date:	14-11-23



Qualitative Fit Test Report Form

Test Subject Last Name	CZECH	Test Date	14.11.23
Test Subject First Name	ZSOLT	Test Time	9.00

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

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	
Subject Signature:	
Date:	14.11.23




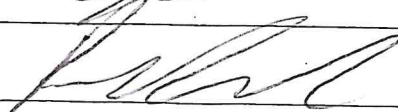
Qualitative Fit Test Report Form

Test Subject Last Name	DRINKWATER	Test Date	14.11.23
Test Subject First Name	PAUL	Test Time	11.00am

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

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	
Subject Signature:	
Date:	14.11.23



Qualitative Fit Test Report Form

Test Subject Last Name	DORAN	Test Date	14.11.23
Test Subject First Name	LEE	Test Time	9.30AM
Assessor Last Name	WRIGHT		
Assessor First Name	STEVE		
Mask Worn For Test	JSP m632		

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	
Subject Signature:	
Date:	14.11.23



Qualitative Fit Test Report Form

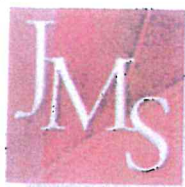
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Test Subject First Name	JOHN	Test Time	9.30

Assessor Last Name	WRIGHT
Assessor First Name	STEVE
Mask Worn For Test	SSP M632

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	
Subject Signature:	
Date:	15.11.23



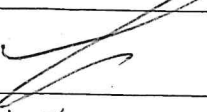
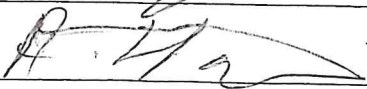
Qualitative Fit Test Report Form

Test Subject Last Name	HAMMOND	Test Date	14.11.23
Test Subject First Name	ARRON	Test Time	11.30am

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

Test Results

Test Results			
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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	
Subject Signature:	
Date:	14.11.23



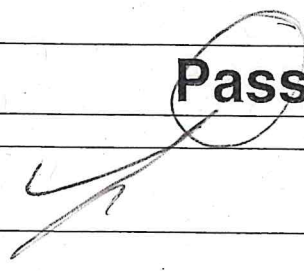
Qualitative Fit Test Report Form

Test Subject Last Name	MAY	Test Date	15.11.23
Test Subject First Name	SAUL	Test Time	12-00

Assessor Last Name	WRIGHT
Assessor First Name	STEVE
Mask Worn For Test	SSP M632

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result	Pass / Fail		

Assessors Signature:	
Subject Signature:	S. May
Date:	15.11.23



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Qualitative Fit Test Report Form

Test Subject Last Name	McSHARRY	Test Date	14.11.23
Test Subject First Name	JOE	Test Time	12.00

Assessor Last Name	WRIGHT
Assessor First Name	STEVE
Mask Worn For Test	SSP M632

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	
Subject Signature:	J. McSharry
Date:	14.11.23



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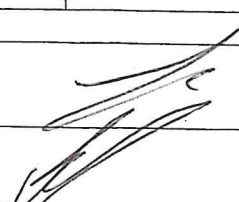
Qualitative Fit Test Report Form

Test Subject Last Name	PENDER	Test Date	14.11.23
Test Subject First Name	Rob	Test Time	12.30.

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

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	
Subject Signature:	
Date:	14.11.23



Qualitative Fit Test Report Form

Test Subject Last Name	ROGH-KEENAN	Test Date	14.11.23
Test Subject First Name	FION	Test Time	2.00.

Assessor Last Name	WRIGHT
Assessor First Name	STEVE
Mask Worn For Test	SSP M632

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result	Pass / Fail		

Assessors Signature:	
Subject Signature:	
Date:	14.11.23




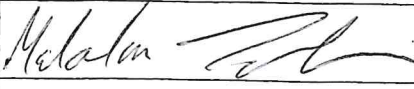
Qualitative Fit Test Report Form

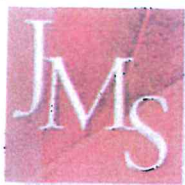
Test Subject Last Name	TAYLOR	Test Date	14.11.23
Test Subject First Name	MALL	Test Time	2.30.

Assessor Last Name	WRIGHT
Assessor First Name	STEVE
Mask Worn For Test	SSP M632

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	
Subject Signature:	
Date:	14.11.23



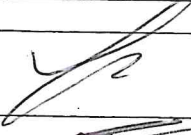
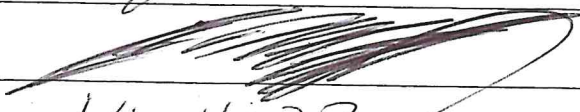
Qualitative Fit Test Report Form

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	SSP M 632

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	
Subject Signature:	
Date:	14.11.23



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Qualitative Fit Test Report Form

Test Subject Last Name	WINTERBURN	Test Date	14.11.23
Test Subject First Name	NATHAN	Test Time	3.30.

Assessor Last Name	WRIGHT
Assessor First Name	STEVE.
Mask Worn For Test	SSP M632

Test Results

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			
Talking	P			
Normal Breathing	P	Was Subject Given Assistance to Fit Mask Correctly? If yes, please briefly describe the advice / assistance:		
Overall Result		Pass / Fail		

Assessors Signature:	
Subject Signature:	
Date:	14.11.23



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Qualitative Fit Test Report Form

Test Subject Last Name	WRIGHT.	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

Test Results

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 / assistance:	
Talking	P		
Normal Breathing	P		
Overall Result		Pass / Fail	

Assessors Signature:	IAN
Subject Signature:	
Date:	14.11.23