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QUALITATIVE FIT TEST REPORT FORM

TEST SUBJECT LAST NAME: Mark Mansfield
TEST SUBJECT FIRST NAME:
COMPANY NAME: M.B.D
AND ADDRESS: Aviation House, North Bridge Road, Berkhamsted HP4 1EH
ASSESSOR LAST NAME: Foskett
ASSESSOR FIRST NAME: Graham
OTHER PPE WORN DURING TEST: N/A
MASK WORN FOR TEST: UCAIR FFP3 NR UCFD-P3V
CONDITION OF MASK WORN FOR TEST: NEW

Test Date: 20-02-2026
Test Time: 8 AM
ASSESSOR COMPANY NAME AND ADDRESS: AFS ABOVE

	Tick		Tick
TEST SUBJECT'S OWN MASK	✓	TEST FACEPIECE	✓
COMPANY POOL MASK		DISPOSABLE MASK	✓

TEST RESULTS

EXERCISE	RESULT (P/F)
NORMAL BREATHING	✓
DEEP BREATHING	✓
HEAD SIDE TO SIDE	✓
HEAD UP AND DOWN	✓
TALKING	✓
BENDING	✓
NORMAL BREATHING	✓

SENSITIVITY: (10) 20 30 Circle as appropriate
NUMBER OF REPEAT TESTS: 2.
REASONS FOR REPEAT TESTS: could not smell Test vapour + ticklish
WAS SUBJECT GIVEN ASSISTANCE TO FIT MASK CORRECTLY? yes
OVERALL RESULT: PASS

ASSESSORS SIGNATURE:
DATE: 20-02-2026
SUBJECT SIGNATURE: Mr Mansfield
DATE: 20-02-2026

Manufacturing For Safety
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