

**Face Fit Attendance Record**

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| --- | --- |
| Name of tester |  |
| Date of test session |  |
| Location of test (building, room) |  |
| Department |  |

|  |  |
| --- | --- |
| Tester’s signature |  |

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| --- | --- | --- | --- | --- |
| **Wearer’s details** | **Sensitivity test and** **Mask description** | **Comments** | **Result** | **Wearer’s signature** |

| Time | First name | Last name | TypeModel | Bitter (B)Sweet (S) | No. of squeezes |  | Pass (P) Fail (F) |  |
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