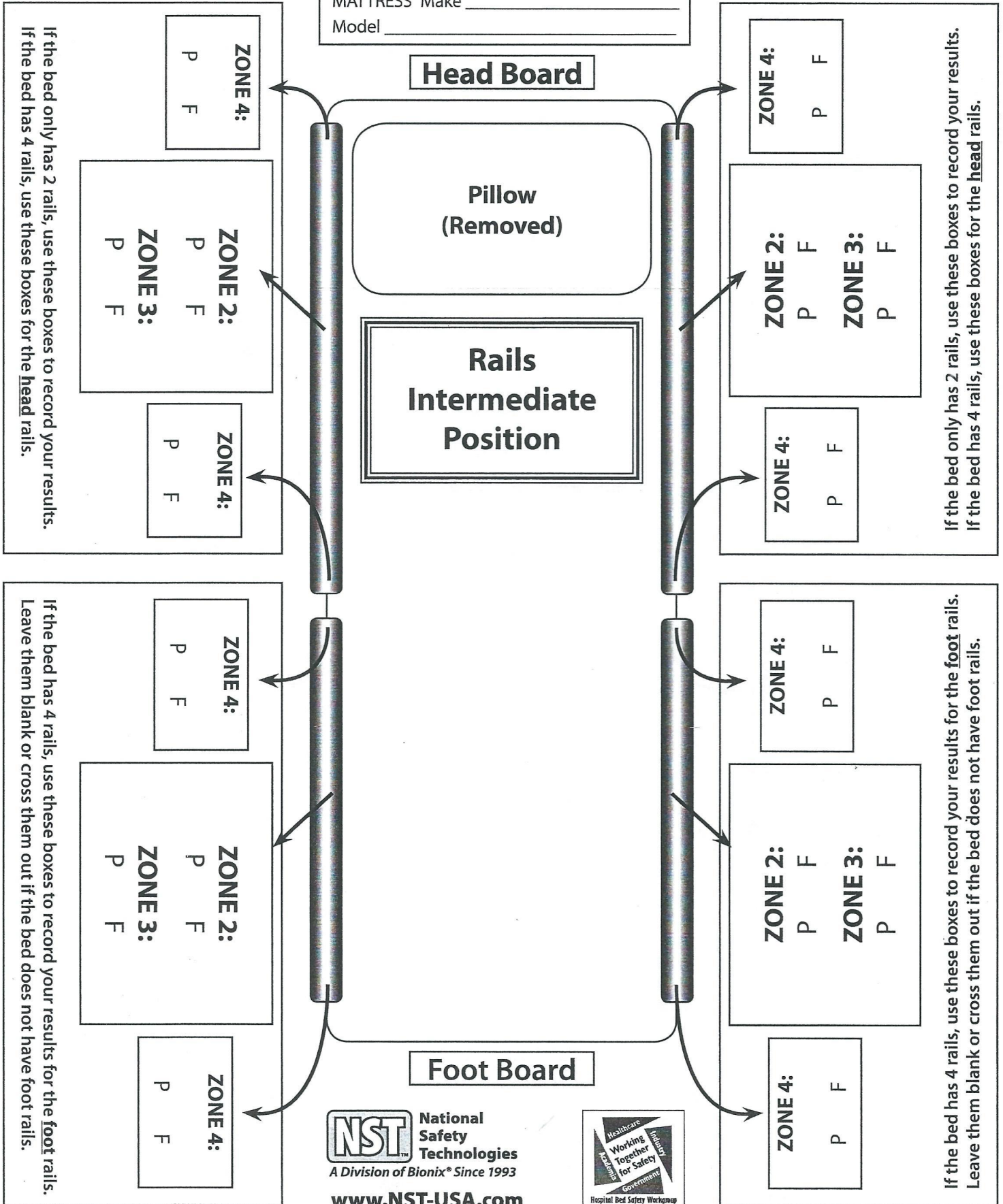


Bed System Measurement Device Test Results Worksheet

BED ID _____
 DATE _____
 TESTER _____

BED Make _____
 Model _____
 Barcode _____
 MATTRESS Make _____
 Model _____

BED ASSESSMENT:
 PASS NOT PASS



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