

JB10 Test Conditions

- Applicant: _____
- Date of application: _____
- Model Number: _____
- Test Conditions

Item	Condition
Flow rate	() L/min
Measurement concentration	0.00 mg/L and any two of 0.10, 0.15 and 0.20 mg/L 0.00, (), () Put a checkmark if measurement with a 0.00 mg/L gas causes an error. <input type="checkbox"/>
Measurement method	(Write down necessary conditions if any, for example, conditions of cleaning and breathing.)
Measurement interval	(Write down necessary conditions. However, the maximum time should not exceed 2 minutes.)
Others	(Write down remarks if any.)