

JB20 Test Conditions

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

Item	Condition
Flow rate	() L/min
Measurement concentration	0.00, 0.10, 0.15 and 0.20 mg/L
Measurement method	(Write down necessary conditions if any, for example, conditions of cleaning and breathing.)
Measurement interval	(Write down necessary conditions if any)
Others	(Write down remarks if any)