

Bed System Measurement Device Test Results Worksheet

BED ID _____
 DATE _____
 TESTER _____

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

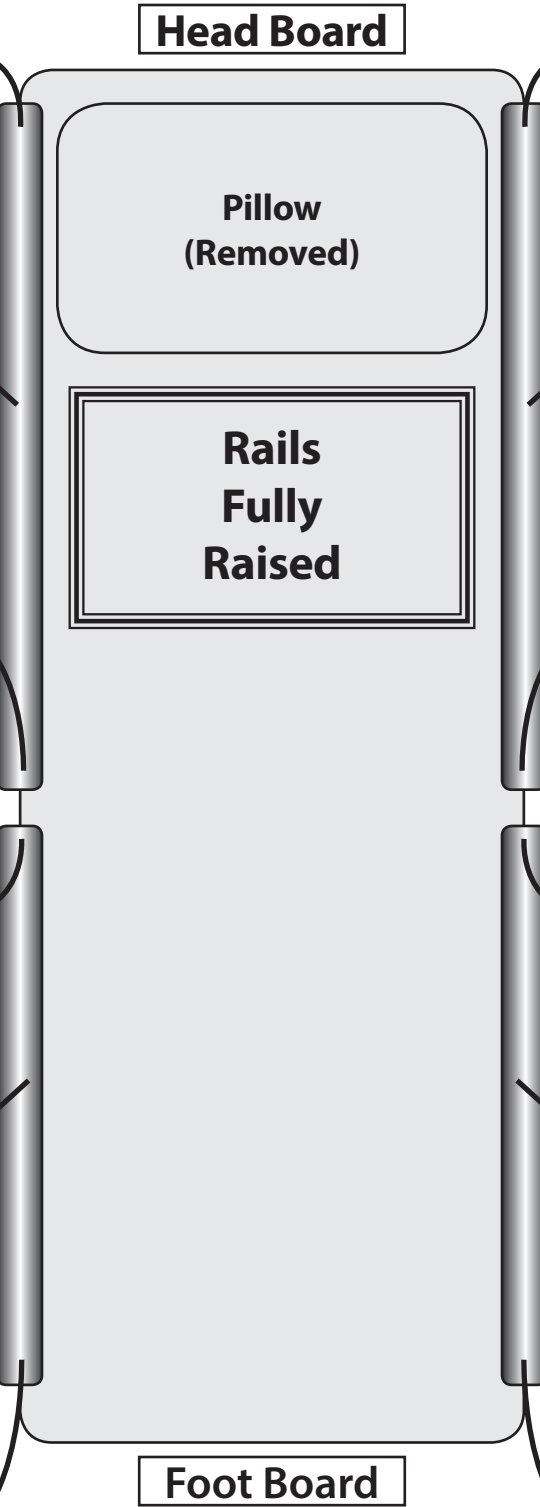
BED ASSESSMENT:
 PASS NOT PASS

If the bed only has 2 rails, use these boxes to record your results.
 If the bed has 4 rails, use these boxes for the head rails.

ZONE 4: P F	ZONE 1: P F	ZONE 2: P F	ZONE 3: P F	ZONE 4: P F
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If the bed has 4 rails, use these boxes to record your results for the foot rails.
 Leave them blank or cross them out if the bed does not have foot rails.

ZONE 4: P F	ZONE 1: P F	ZONE 2: P F	ZONE 3: P F	ZONE 4: P F
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