

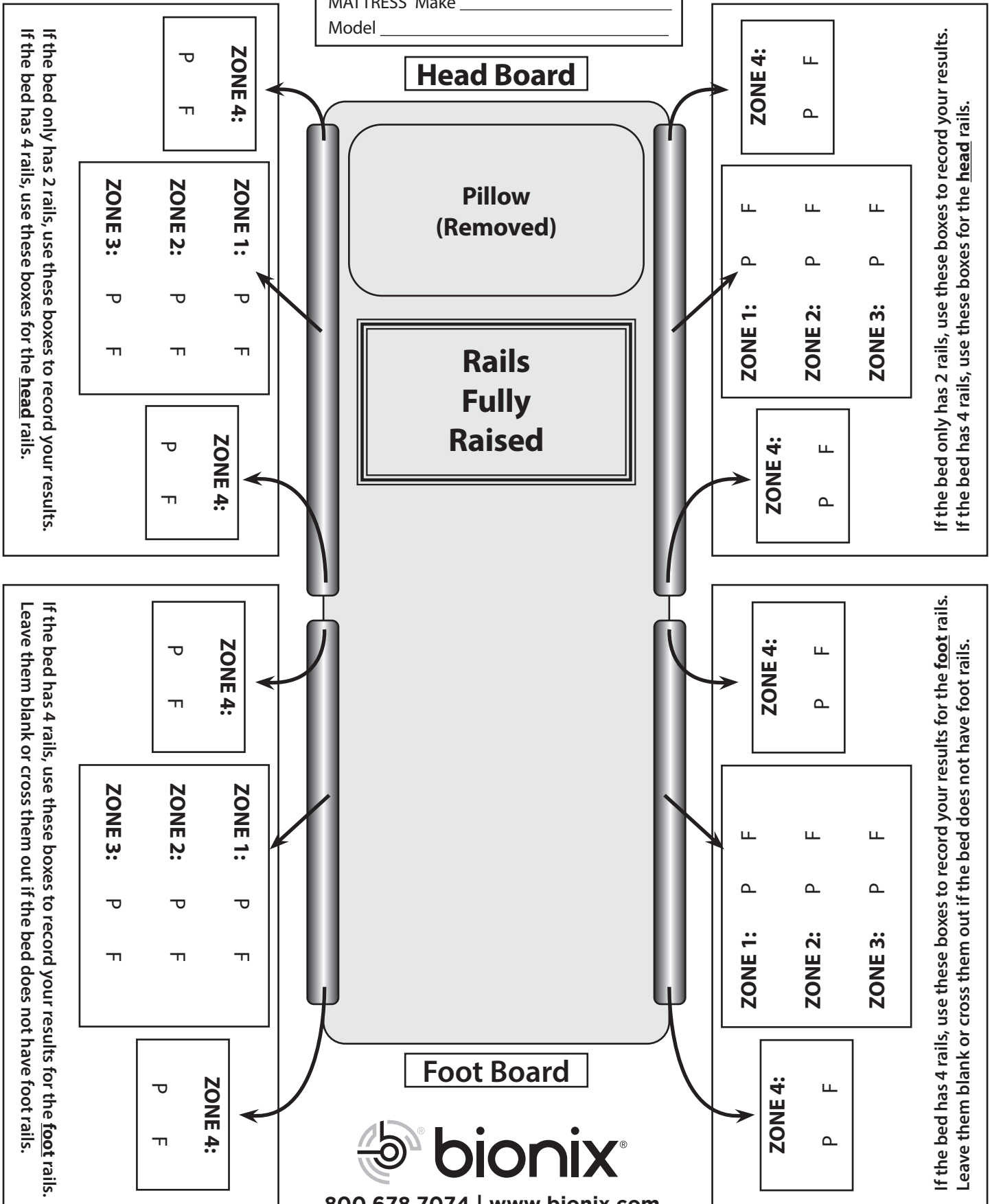
## Bed System Measurement Device Test Results Worksheet

BED ID \_\_\_\_\_  
DATE \_\_\_\_\_  
TESTER \_\_\_\_\_

BED Make \_\_\_\_\_  
Model \_\_\_\_\_  
Barcode \_\_\_\_\_  
MATTRESS Make \_\_\_\_\_  
Model \_\_\_\_\_

BED ASSESSMENT:

PASS                  NOT PASS



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BED ID \_\_\_\_\_  
DATE \_\_\_\_\_  
TESTER \_\_\_\_\_

BED Make \_\_\_\_\_  
Model \_\_\_\_\_  
Barcode \_\_\_\_\_  
MATTRESS Make \_\_\_\_\_  
Model \_\_\_\_\_

BED ASSESSMENT:

PASS                  NOT PASS

**Head Board**

**Pillow  
(Removed)**

**Rails  
Intermediate  
Position**

**Foot Board**

**ZONE 4:**  
P F

**ZONE 2:**  
P F  
**ZONE 3:**  
P F

**ZONE 4:**  
P F

**ZONE 4:**  
P F

**ZONE 2:**  
P F  
**ZONE 3:**  
P F

**ZONE 4:**  
P F

**ZONE 4:**  
P F

**ZONE 2:**  
P F  
**ZONE 3:**  
P F

**ZONE 4:**  
P F

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.

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.

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.

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