

Bed System Measurement Device Test Results Worksheet

BED ID _____
DATE _____
TESTER _____

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

BED ASSESSMENT:
 PASS _____ NOT PASS _____

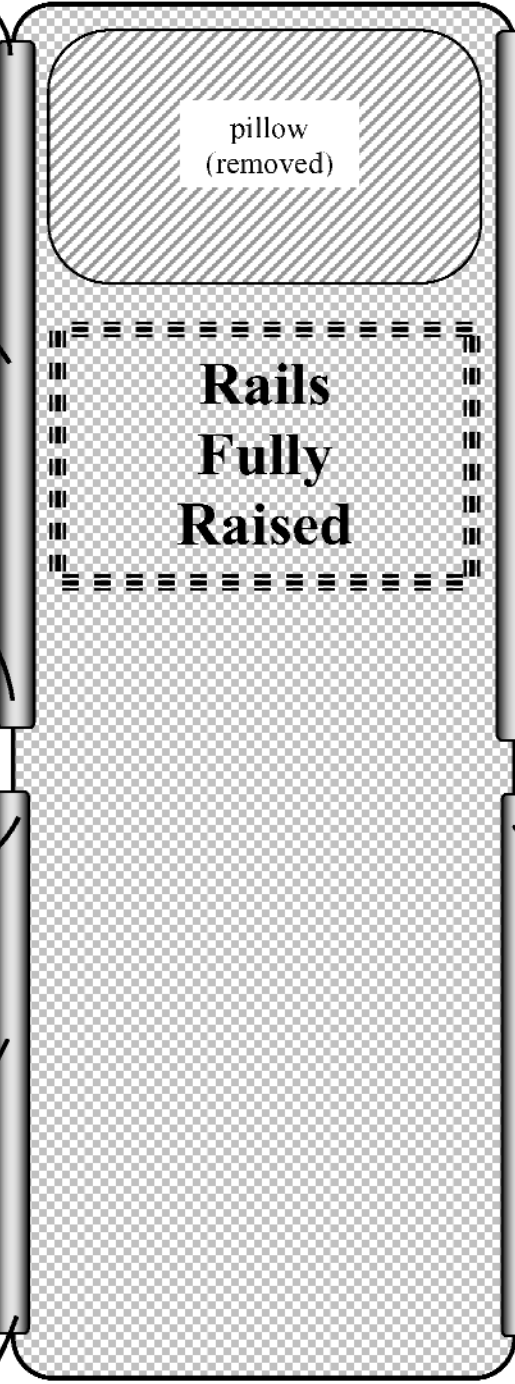
If the bed only has 2 rails, use these boxes to record your results.
 If the bed has 4 rails, use these boxes for the **headrails**.

ZONE 4:
P F

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

ZONE 4:
P F

HEAD BOARD



ZONE 4:
P F

ZONE 1: 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 **headrails**.

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 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

FOOT BOARD

ZONE 4:
P F

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

ZONE 4:
P F

If the bed has 4 rails, use these boxes to record your results for the **footrails**. Leave them blank or cross them out if the bed does not have foot rails.



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 Model _____
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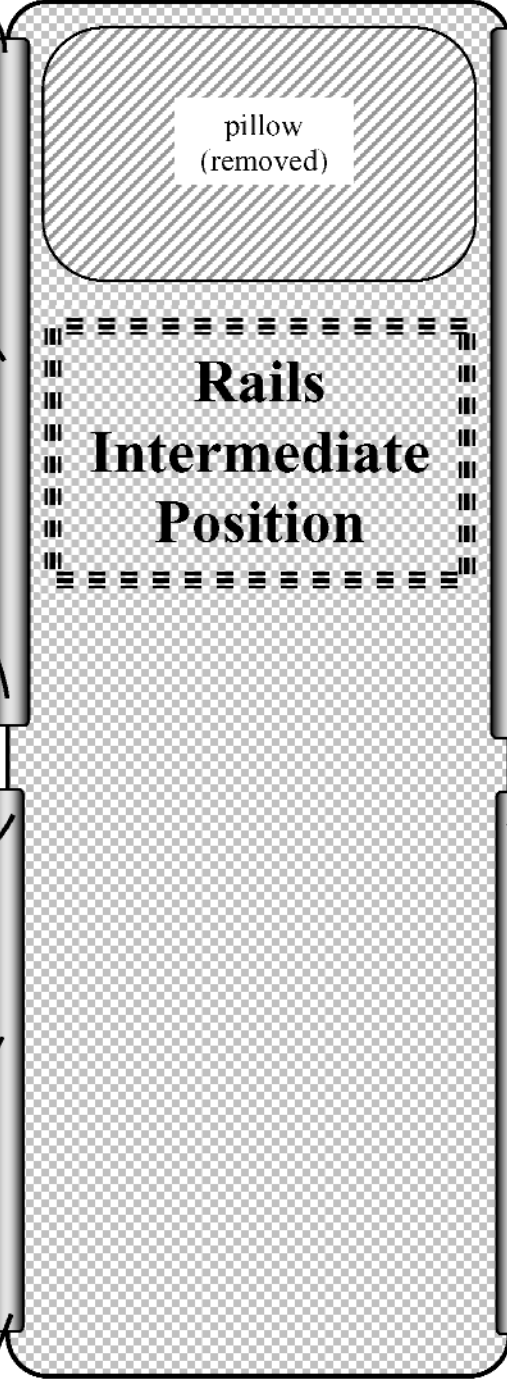
ZONE 4:
P F

ZONE 2:
P F

ZONE 3:
P F

ZONE 4:
P F

HEAD BOARD



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 **headrails**.

ZONE 4:
P F

ZONE 2:
P F

ZONE 3:
P F

ZONE 4:
P F

FOOT BOARD

If the bed has 4 rails, use these boxes to record your results for the **footrails**.
 Leave them blank or cross them out if the bed does not have foot rails.

ZONE 4:
P F

ZONE 2:
P F

ZONE 3:
P F

ZONE 4:
P F

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ZONE 4:
P F

ZONE 2:
P F

ZONE 3:
P F

ZONE 4:
P F

