

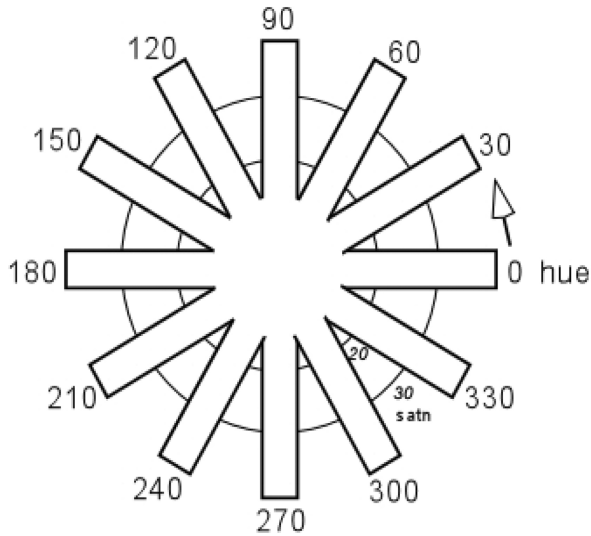
Colorimeter Mark 3 Record Form

Name: _____
 Address _____
 Date: _____
 Ref: _____ Examiner's initials: _____

Description of perceptual distortion _____

Fan chart

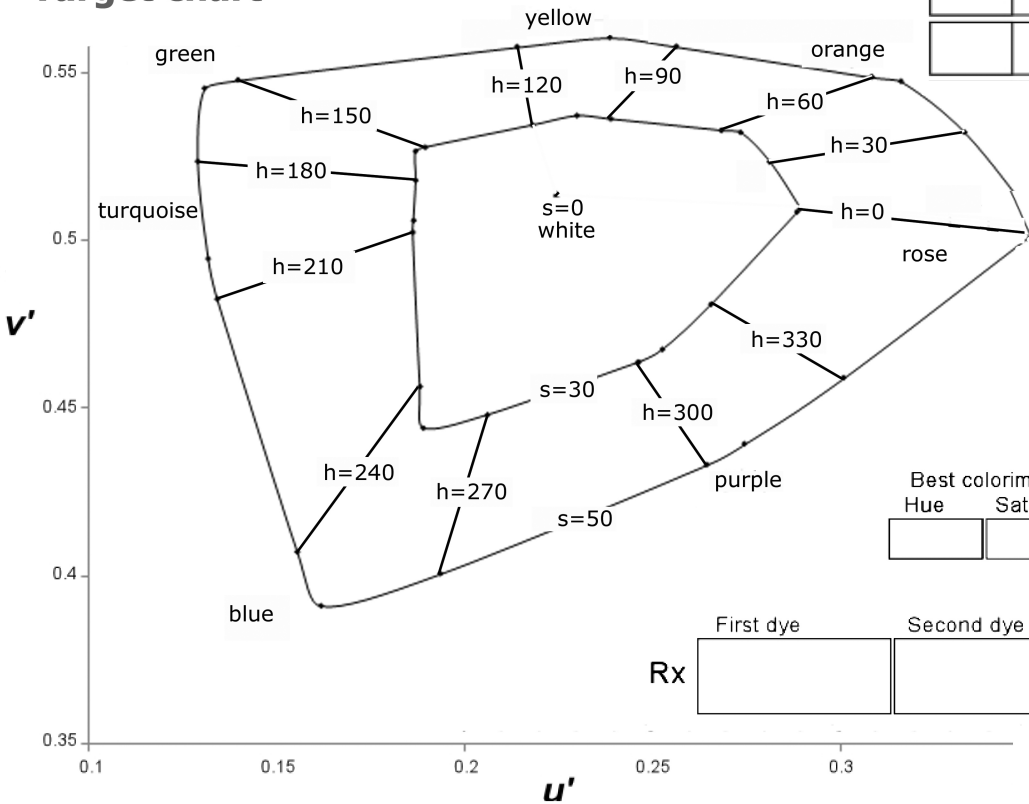
- 2 a lot better
- 1 a little better
- 0 no change
- 1 a little worse
- 2 a lot worse



2AFC

Hue sat		Hue sat	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Target chart



Best colorimeter setting

Hue	Satn	Atten
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rx

First dye	Second dye	UVblock
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>