|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Test Writer** | | Eric Ruhl | | | | | | | |
| **Test Case Name** | | Mobility | | | | | **Test ID** | FP\_00 | |
| **Description** | | Long term continuous use | | | | | **Type** | Black Box | X |
| White Box |  |
|  |  |
| **Test Information** | | | | | | | | | |
| **Name of Tester** | |  | | | | | **Date** |  | |
| **Relevant Version #** | |  | | | | | **Time** |  | |
| **Setup** | | Attach the optical apparatus to some form of wearable structure. | | | | | | | |
| **Additional Equipment** | | Wearable structure | | | | | | | |
| **Stage** | **Operation** | | **Expectation** | **P** | **F** | **/** | **Comment** | | |
| 1 | Don the apparatus | | It will stay on your head |  |  |  |  | | |
| 2 | Go about your business | | There are no notable points of discomfort |  |  |  |  | | |
| 3 | Remove apparatus | | There are no visible marks left behind by the device |  |  |  |  | | |
| **Overall Results** | | | |  |  |  |  | | |