**OCR LEVEL 2 CERTIFICATE/DIPLOMA FOR iMEDIA USERS**

**UNIT 5 DIGITAL SOUND**

**CREATE AND TESTING FORM**

**Candidate Name:**

**Date:**

**CREATE**

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| --- |
| **Evidence of using digital sound software.****What editing tools and techniques have you used?** *(eg cut, trim, copy, mix, volume/gain, fade in/out, audio level compression)* |

**TESTING**

**Testing the sound files**

*(Details of testing, with expected and actual results.)*

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| --- | --- | --- | --- |
| **Element tested** | **Expected outcome** | **Actual outcome** | **Improvements** |
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