

	ASR / SCBA RESPIRATOR INSPECTION FORM	Document No.:	HSE-BF-016
		Department:	Operations
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Release authorized by:	D. Slattery	Page	Page 1 of 1

Inspect Monthly & After Each Use

Employee Mask: _____ Date _____

Inspected Name: _____ Unit # _____

Inspection Item	Comments
Functional check of ASR / SCBA	
Alarm Works Properly	
Regulator Functions Properly	
Facepiece: Clean, not distorted, no tears, no cracks	
Elastic Parts: Pliable no deterioration	
Head Harness: Clean, no tears, no cracks no missing pieces. No loss of elasticity. No wear from buckle.	
Lens: Clean & Clear, no cracks, sealed to mask	
Exhalation Valve: Clean, good seal, no tears, tight	
Inhalation Valve: Clean, good seal, no tears, tight	
Cylinder: No dents or gouges, fits tightly in band	
Cylinder Hydro Test Date _____	
Gage: Cylinder >90% full, check gage face, indicator	
Harness: Clean, no wear, fully extended	
Demand Valve O-ring: clean, no tears, seated properly	
ASR / SCBA Cleaned and reassembled after inspection & drying	
ASR / SCBA Stored Properly	

Inspector's Signature: _____

If any defects are found DO NOT USE RESPIRATOR.

Turn in the respirator to your supervisor immediately for repair or replacement.