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|  | AIR-PURIFYING RESPIRATOR INSPECTION FORM | Document No.: | HSE-BF-017 |
| | | Department: | Operations |
| | | Revision Date: | 19 AUG 2010 |
| Release authorized by: | D. Slattery | Page | Page 1 of 1 |

Inspect After Each Use

Employee Mask: _____ Date _____

Inspector Name: _____ Make / Model #: _____

| Inspection Item | Comments |
|---|----------|
| Satisfactory Functional Test of Respirator | |
| Facepiece: Clean, not distorted, no tears, no cracks | |
| 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 fitting | |
| Inhalation Valve: Clean, good seal, no tears, tight fitting | |
| Canister/Filter: Clean, no defects, tight fitting | |
| Respirator Stored Properly | |
| Respirator Cleaned | |

Inspector's Signature: _____

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| <p style="text-align: center;">If any defects are found DO NOT USE RESPIRATOR.</p> <p style="text-align: center;">Turn in the respirator to your Supervisor immediately for repair or replacement</p> |
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