

ALEXANDER MECHANICAL, INC.

APPENDIX C

SELF-CONTAINED BREATHING APPARATUS INSPECTION SHEET

Device _____ SN _____

Date Inspected _____ Inspected by _____

Location _____ User Group _____

Person Responsible for Monthly Inspection _____

CHECKLIST

Rubber Face piece _____ Fog proof _____

Rubber Head Harness _____ Air Cylinder Pressure _____

Rubber Hose _____ Cylinder Valve _____

“O” Ring (Reg. Connector) _____ Bypass Valve _____

Inhalation Valve _____ Mainline Valve _____

Exhalation Valve _____ Pak Alarm _____

Face piece Lens _____ Regulator Diaphragm _____

Harness _____ Regulator Function _____

Backpack _____ Demand _____

Cleanliness _____ Pressure Demand _____

Instruction Sheet _____ Storage Box _____

Wrench _____

(Required Monthly)

Comments _____