**New Jersey Department of Health**

## PEOSH Unit

**FIREFIGHTER SCBA AFTER USE/**

# DAILY INSPECTION CHECKLIST

|  |  |
| --- | --- |
| Type of Check  Weekly  Monthly  After Use | |
| Checked by | Date  **\_\_\_\_\_/\_\_\_\_\_/201\_** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Regulator No. | R-1 | R-2 | R-3 | R-4 | R-5 | R-6 | R-7 | R-8 | R-9 |
| Bottle No. | B- | B- | B- | B- | B- | B- | B- | B- | B- |
| Mask No. | M- | M- | M- | M- | M- | M- | M- | M- | M- |
| Harness Check | | | | | | | | | |
| Conditions of Straps, Buckles, Backplate |  |  |  |  |  |  |  |  |  |
| O-Ring in Place |  |  |  |  |  |  |  |  |  |
| High Pressure Hose |  |  |  |  |  |  |  |  |  |
| Low Pressure Hose |  |  |  |  |  |  |  |  |  |
| Operational Check | | | | | | | | | |
| Bottle Condition |  |  |  |  |  |  |  |  |  |
| Cylinder Pressure (PSI) |  |  |  |  |  |  |  |  |  |
| Harness Gauge Pressure |  |  |  |  |  |  |  |  |  |
| Pressure Function |  |  |  |  |  |  |  |  |  |
| Bypass Function |  |  |  |  |  |  |  |  |  |
| Pack Alarm |  |  |  |  |  |  |  |  |  |
| PASS Device |  |  |  |  |  |  |  |  |  |
| Mask Check | | | | | | | | | |
| Regulator |  |  |  |  |  |  |  |  |  |
| Exhalation Valve |  |  |  |  |  |  |  |  |  |
| General Condition |  |  |  |  |  |  |  |  |  |
| Cleanliness |  |  |  |  |  |  |  |  |  |

#### **See additional comments on Page 2 of Checklist.**

**FIREFIGHTER SCBA AFTER USE/**

# DAILY INSPECTION CHECKLIST

# (Continued)

|  |
| --- |
| 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| SPARE MASKS | |
| Number | Condition |
| M - |  |
| M - |  |
| M - |  |
| M - |  |
| M - |  |

|  |  |
| --- | --- |
| SPARE CYLINDERS | |
| Number | Condition |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |