**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 |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |