

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
RESPIRATORY PROTECTION PROGRAM
RESPIRATORY INSPECTION RECORD

MONTHLY CHECKLIST

RESPIRATOR TYPE:	MODEL:
YEAR:	INSPECTED BY:
LOCATION:	DATE INSPECTED:

ITEMS CHECKED	Acceptable	Not Acceptable
FACEPIECE	<input type="checkbox"/>	<input type="checkbox"/>
HEAD HARNESS	<input type="checkbox"/>	<input type="checkbox"/>
SPEAKER DIAPHRAGM	<input type="checkbox"/>	<input type="checkbox"/>
"O" RING CONNECTORS	<input type="checkbox"/>	<input type="checkbox"/>
EXHALATION VALVE	<input type="checkbox"/>	<input type="checkbox"/>
INHALATION VALVE	<input type="checkbox"/>	<input type="checkbox"/>
FACEPIECE LENS	<input type="checkbox"/>	<input type="checkbox"/>
HARNESS	<input type="checkbox"/>	<input type="checkbox"/>
BACKPACK	<input type="checkbox"/>	<input type="checkbox"/>
CLEANLINESS	<input type="checkbox"/>	<input type="checkbox"/>
FOGPROOF	<input type="checkbox"/>	<input type="checkbox"/>
AIR CYLINDER PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>
CYLINDER VALVE	<input type="checkbox"/>	<input type="checkbox"/>
PURGE VALVE	<input type="checkbox"/>	<input type="checkbox"/>
FILTERS	<input type="checkbox"/>	<input type="checkbox"/>
LOW PRESSURE ALARM	<input type="checkbox"/>	<input type="checkbox"/>
REGULATOR FUNCTION	<input type="checkbox"/>	<input type="checkbox"/>
HIGH PRESSURE HOSE	<input type="checkbox"/>	<input type="checkbox"/>
POSITIVE PRESSURE	<input type="checkbox"/>	<input type="checkbox"/>
STORAGE	<input type="checkbox"/>	<input type="checkbox"/>
CARTRIDGE HOLDER	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS:

NOTE: IF ANY COMPONENTS ARE FOUND NOT ACCEPTABLE, THE RESPIRATOR SHOULD NOT BE USED AND A REPLACEMENT PART OR REPLACEMENT RESPIRATOR OBTAINED.