SCBA Inspection Checklist

Type of Check: Weekly _____ After Use _____

Date & Initial the boxes.

Set Number					
Straps extended and in good condition					
O-Ring in place					
High and low pressure hose					
Set is clean					
Cylinder Condition					
Cylinder full					
Hydro date					
Remote gauge showing within 100 PSI of the cylinder pressure					
Bypass working					
Low air Pack Alarm					
Pass Alarm					
Regulator condition and seal					
Mask components in place					
Mask clean					
Batteries check ok / or replaced?					