

# Lebanon County Fire School

## SCBA Inspection Checklist Form

All inspection criteria are in accordance with NFPA 1001, 2002 Edition

Date of Use: ____/____/____	
Equipment Assigned To: _____	Station No: _____
SCBA ID/Serial #: _____	Cylinder DOT #: _____
Hydro Date: _____	
Inspected by: _____	Inspected Date: ____/____/____

Inspection Procedures	PASS	FAIL
<b>Cylinder:</b>		
1. Check for damage		
2. Current hydrostatic test date		
3. Functional Check of the cylinder		
4. Ensure cylinder is full		
5. Ensure remote gauge & cylinder gauge read within 100 psi of each other		
6. Cylinder pressure capacity: 2216 psi   3000 psi   4500 psi   _____	(Check One)	
<b>Harness &amp; Backpack:</b>		
7. Inspect all straps for damage		
8. Inspect backpack for damage		
9. Inspect all hoses for damage		
10. Functional check of straps and buckles		
<b>SCBA Functional Inspection:</b>		
11. Functional check of face piece ** (Mask must not show signs of excess heat exposure)**		
12. Functional check of regulator and face piece		
13. Functional check of the emergency bypass valve		
14. Functional check of the low pressure warning device		
15. Activates PASS device if part of SCBA unit		
<b>Comments:</b>   		

By signing below the person who inspected the SCBA unit as well as the Chief or delegated Officer is confirming that this inspection was done and all information is correct. Only SCBA Units that pass this inspection should be used for live fire/smoke training. Instructors will have the right to inspect any unit on the day of live fire/smoke training if they feel the SCBA unit being used does not meet this inspection requirement.

All students should be familiar with the SCBA unit they are using for the Live Fire/Smoke Training as well as having been fit tested to the size mask they are to use.

\_\_\_\_\_  
SIGNATURE OF USER WHO  
INSPECTED UNIT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CHIEF OFFICER/  
TRAINING OFFICER

\_\_\_\_\_  
DATE