Okolona Fire Protection District

1910.134 Respirator Protection Standard

Face Piece Monthly Inspection Form

Firefighter Name_____

Year _____

Inspection Item		Mask ID Number											
		Jan	Feb	Mar	Apr.	May	June	July	Aug	Sept	Oct	Nov	Dec
	Mask ID #												
Face piece	a. Fittings clean												
	b. Exhalation diaphragm clean												
	c. Exhalation diaphragm operates properly												
	d. Face piece clean												
	e. If scratches appear do they impede vision												
	f. Face piece secure in mask												
	g. Straps in good condition												
	h. Eye glasses secure (if applicable)												
Storage and maintenance	a. Washed, rinsed and air dried												
	b. Stored in bag												
	Firefighter Initial												