NOAA Form 57-17-05  U.S. DEPARTMENT OF COMMERCE (9-12)  NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION						
RESPIRATOR INSPECTION RECORD						
DUTY STATION					INSPECTION DATE	
RESPIRATOR INFORMATION						
TYPE AID DUDIEVING		MANUFACTURER		LAST VENDOR INSPECTION DATE		
<ul><li>○ AIR PURIFYING</li><li>○ ATMOSPHERE-SUPPLYING</li></ul>						
INSPECTION CHECKLIST						
MASK #	○ PASS			( ) PASS		○ PASS
MASK SEAL		CLEANLINESS			VOICE COMMUNICATIONS	
	○ FAIL			○ FAIL		○ FAIL
MASK STRAPS	PASS	GENERAL CONDITIO		O PASS	FACE SHIELD /	O PASS
	○ FAIL			○ FAIL	HEADS-UP DISPLAY	○ FAIL
BOTTLE #	( ) PASS					
O-RING IN PLACE		PRESSURE (PSI)			HYDRO TEST DATE	
SCBA / HARNESS #	○ FAIL					
BACKPACK	○ PASS			○ PASS		○ PASS
	() FAIL	HARNESS STRAPS		○ FAIL	HARNESS BUCKLES	○ FAIL
TANK STRAP	○ PASS			○ PASS	REGULATOR FLOW	
	○ FAIL	REGULATOR		○ FAIL	TEST DATE	
INHALATION AND EXHALATION VALVES	O PASS			O PASS		○ PASS
	○ FAIL	BYPASS VALVE		○ FAIL	HOSES	○ FAIL
GAUGES	○ PASS	LOW PRESSURE		○ PASS	PASS DEVICE	○ PASS
	○ FAIL	WARNING DEVICE		○ FAIL		○ FAIL
COMMENTS						
INSPECTION RESULTS						
PASS Respirator is fully operational.  Keep in service.  Respirator is not fully functional.  Remove from service.						onal.
INSPECTOR NAME and TITLE			INSPE	CTOR SIGNAT	URE	DATE
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I confirm the inspection indicated above was conducted on all components of the respirator and it functions properly as of the date it was inspected. The respirator unit is free of cracks, leaks, holes, tears, detergent residue, dirt, and rust. The respirator does not show any excessive signs of deterioration and is ready to use.