

**New Jersey Department of Health
PEOSH Unit**

**FIREFIGHTER SCBA AFTER USE/
DAILY INSPECTION CHECKLIST**

Type of Check	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> After Use
Checked by	Date		

Regulator No.	R-1	R-2	R-3	R-4	R-5	R-6	R-7	R-8	R-9
Bottle No.	B-	B-	B-	B-	B-	B-	B-	B-	B-
Mask No.	M-	M-	M-	M-	M-	M-	M-	M-	M-
Harness Check									
Conditions of Straps, Buckles, Backplate									
O-Ring in Place									
High Pressure Hose									
Low Pressure Hose									
Operational Check									
Bottle Condition									
Cylinder Pressure (PSI)									
Harness Gauge Pressure									
Pressure Function									
Bypass Function									
Pack Alarm									
PASS Device									
Mask Check									
Regulator									
Exhalation Valve									
General Condition									
Cleanliness									

See additional comments on Page 2 of Checklist.

**FIREFIGHTER SCBA AFTER USE/
DAILY INSPECTION CHECKLIST
(Continued)**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

SPARE MASKS	
Number	Condition
M -	
M -	
M -	
M -	
M -	

SPARE CYLINDERS	
Number	Condition