

HUGO FIRE AND RESCUE

SELF CONTAINED BREATHING APP. - CHECKOFF SHEET

MONTH: _____

APPARATUS: _____

PACK #: _____

CHECK ITEM	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
CYLINDER PRESSURE					
CYLINDER REFILL PRESSURE					
CYLINDER CHANGED(Y or N)					
FACEPIECE					
CONNECTIONS OK					
STRAPS EXTENDED OUT					
ENTIRE S.C.B.A					
CLEANED & SANITIZED(Y or N)					

PACK#: _____

CHECK ITEM	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
CYLINDER PRESSURE					
CYLINDER REFILL PRESSURE					
CYLINDER CHANGED(Y or N)					
FACEPIECE					
CONNECTIONS OK					
STRAPS EXTENDED OUT					
ENTIRE S.C.B.A					
CLEANED & SANITIZED(Y or N)					

CHECKED BY:					
OFFICER SIGNATURE:					
DATE INSPECTED:					

REMARKS:
