

Inspection Checklist

This form documents the monthly inspection of emergency respiratory equipment, including SCBAs, Escape SCBAs, and EEBDs. Inspections must be completed in accordance with manufacturer instructions and the Northwestern [Respiratory Protection Program](#). Equipment with deficiencies affecting safe operation must be removed from service until corrected. Contact ehs@northwestern.edu with questions.

Note: Emergency respiratory equipment must be inspected monthly and after each use. Periodic maintenance, testing, and servicing must be conducted in accordance with manufacturer requirements and documented separately.

Equipment Details

- ☐ Self-contained breathing apparatus (SCBA) ☐ Emergency escape breathing device (EEBD)
☐ Escape SCBA ☐ Other: _____

Storage Location: _____ Equipment ID #: _____

Manufacturer: _____ Model: _____

Serial Number: _____ Cylinder Serial Number: _____

Required Cylinder Pressure: _____ Actual Cylinder Pressure: _____

Inspection Checklist

Instructions: Mark ✓ = Acceptable, X = Deficient, N/A = Not Applicable

Inspection Item	Status	Inspection Item	Status
Carrying Case / Housing Condition		Regulator Functions Properly	
Harness / Backframe (if applicable)		Gauges Function Properly	
Cylinder Condition		Alarm / PASS Device Functional (if equipped)	
Cylinder Pressure Acceptable		Tamper Seal Intact (if applicable)	
Hoses & Connections		Functional Test Completed (if applicable)	
Facepiece / Hood Condition		Ready for Emergency Use	

Deficiencies identified? ☐ No ☐ Yes (describe) _____

Corrective actions/notes: _____

Equipment status: ☐ In service ☐ Out of service ☐ Removed for repair

Inspector Certification

I certify that this equipment was inspected in accordance with the organization's Respiratory Protection Program and applicable manufacturer instructions.

Name: _____ Signature: _____ Date: _____