

# Respiratory Protection Plan – Form 4: Respirator Inspection Record

Date of Inspection: \_\_\_\_\_

Inspector's Name (print): \_\_\_\_\_

Type of Respirator: \_\_\_\_\_

CLEANLINESS OF EQUIPMENT: \_\_\_\_\_

## CONDITION OF EQUIPMENT:

- Facepiece: \_\_\_\_\_
- Inhalation Valves: \_\_\_\_\_
- Exhalation Valve: \_\_\_\_\_
- Headband: \_\_\_\_\_
- Cartridge Holder or Tank Pressure: \_\_\_\_\_
- Harness Assembly: \_\_\_\_\_
- Hose Assembly: \_\_\_\_\_
- Gaskets: \_\_\_\_\_
- Connections: \_\_\_\_\_
- Other: \_\_\_\_\_