

Gas Mask Inspection checklist

Format No.:

Month: _____ Area / Location: _____ Frequency: _____

Inspection Criteria :

- (1) Correct type of gas mask used for area.
- (2) Inspect items at prescribed intervals or more frequently as may be necessary, if conditions have changed.

INSPECTION	Type Gas mask				SPECIFICATION	OBSERVATION	
	01	02	03	04			
Designated person appointed to inspect unit							
General condition of gas mask harness – clean; no cracks or cuts; all straps and clips secure.							
Visor (if fitted) clean and clear; not cracked							
Correct filters provided for the application							
Filters properly fitted and secure in socket							
Filter expiry dates within limits							
Exhalation valve functions properly – in good condition							
Inhalation valve functions properly – in good condition							
User is trained and authorized to use the item							
INSPECTORS NAME & SIGNATURE					SAFETY OFFICER SIGNATURE	ENVIRONMENT HEALTH & SAFETY – MANAGER	