

RESPIRATOR CLEANING & INSPECTION LOG

User name:			Issue date:			Fit test date:			Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> M/L <input type="checkbox"/> L <input type="checkbox"/> Other:					
Respirator Make:		Model:		Manufacture date:			<input type="checkbox"/> ½ mask		<input type="checkbox"/> Full mask					
Log begin date:					Log end date:									
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Monthly respirator cleaning record														
During cleaning inspect the following items of your respirator			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Facepiece free from cracks, tears and dirt?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Facepiece seal area distortion free, material is pliable?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Inhalation valves, including valve seats free from cracks or tearing?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Head straps intact, do they have good elasticity?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
All plastic parts free of signs of cracking or fatigue?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
All gaskets properly seated?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Exhalation valve & seat free from dirt, distortion, cracking, tearing?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Lens free from cracks?(full face mask only)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Lens free from scratches that impede vision?(full face mask only)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Filters within their expiry date?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Is the respirator facepiece less than 5 years old?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Note: If any boxes above are marked <input checked="" type="checkbox"/> then the mask may have to be replaced. Consult with your supervisor before using the mask again.														
			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Monthly respirator cartridge/filter check (mark with date changed)														
Supervisor monthly review (initial)														

Notes _____
