

**SELF CONTAINED BREATHING APPARATUS (SCBA) WEEKLY AND MONTHLY CHECKLIST**

<b>Weekly Inspection Date:</b>	<b>Comments</b>	<b>Yes</b>	<b>No (if No, remove from service)</b>	<b>Inspected by</b>
	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
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	Cylinder Pressure OK?			
	Cylinder Pressure OK?			
<b>Monthly Inspection Date:</b>	Cylinder Pressure OK? <b>Monthly Inspection Requirements:</b>			
	• Regulator OK?			
	• Facepiece & Breathing Tube OK?			
	• Cleaned and Sanitized?			
	• Entire Apparatus OK?			
<b>Weekly Inspection Date:</b>	<b>Comments</b>	<b>Yes</b>	<b>No (if No, remove from service)</b>	<b>Inspected by</b>
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