

SELF CONTAINED BREATHING APPARATUS (SCBA) WEEKLY AND MONTHLY CHECKLIST

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