

**Arizona State Fire School
Information Verification of
SCBA Mask and Pack Inspection**

Last Name: _____ First: _____ Date: _____

Fire Department _____ Phone _____

Current Mask Size: (Circle One) S M L XL **Please print clearly on forms.**

SCBA Type _____

Have completed a Department SCBA Fit Testing Yes No Circle One

Have completed a Department Physical / NFPA 1582 Yes No Circle One

Inspection Item	Standard	Meets Standard	Needs Repair
Head Harness	Harness netting without rips or tears.		
Elastic Webbing Straps	Straps without cracks or rubber degradation. Pliable, elasticity intact.		
SCBA Face Piece	Shield without cracks or excessive scratches. Visibility not impaired. NOTE: If the face shield is cracked, mask must be placed out of service immediately.		
Regulator Coupler	Regulator mounts without cracks or chips. NOTE: If the mount is cracked, mask must be placed out of service immediately.		
Rubber Seal (Outside Edge)	Seal on outside edge of mask elastic, pliable and not torn or cracked.		
Inhalation Valves	Inhalation valves in nose cup in place.		
Retaining Ring	Nose cup retaining ring in place and installed properly.		
Screws & Fasteners	All screws and fasteners in place and tight.		
SCBA Bottle	Current hydrostatic date.		

Please read the following statements. Check each box.

- I have been instructed how to don the SCBA mask.
- I have been instructed how to clean and maintain the SCBA mask and valve.
- I understand that head or facial hair in contact with the mask seal will interrupt the seal and is not permissible.
- I understand that annual fit testing is required.
- I understand that if I lose or gain more than 15 pounds, or my face structure changes, I must request another fit test to assure a proper seal.
- The member has properly demonstrated how to don the SCBA mask and perform a negative seal check.

Check One

Official Use

- Pass – Meets inspection standard.
- Fail – Doesn't meet standard

Assumption of risks and release, I recognize that there are certain inherent risks associated with activities at Arizona Fire School and I assume full responsibility for personal injury.

Member Signature Date

Fire Chief or Designated Officer Date