RESPIRATORY PROTECTION PROGRAM – APPENDIX H

MONTHLY RESPIRATOR INSPECTION RECORD

Keep this or similar record in storage container with respirator. File when complete and keep for one year.

Inspect each respirator after every use, and at least monthly.

To be completed by the Respirator User.

Respirator User _____ ***Department*** _____
(if assigned to individual)

Respirator ID# _____ ***Make / Model / Size*** _____

Date	Name of Inspector	Valves cracked?	Facepiece cracked?	Lens scratched?	Straps worn?	Condition good?
		Yes / No	*Yes / No*	*Yes / No*	*Yes / No*	*Yes / No*