NDSU Respirator Inspection Record

Routine-use respirators are inspected before each use and during cleaning. Supervisors must have the inspection record completed and maintain these records in their department.

Location: ____________________________ Date: __________

Type of Respirator: __________________________________________________________

___ Face-pieces/Yoke: Check for signs of contamination or wear. Also check the shape of the face-piece for distortion and the material for flexibility. Also check the yoke for damage.

___ Inhalation Valve: Check for tears, distortion, dirt between valve and seat and for proper seating of the valves.

___ Exhalation Valve Assembly: Look for foreign material such as dirt or hair, cracks, tears, or distortion in valve material; improper insertion of valve body in facepiece; cracks, breaks, or chips in valve body; missing or defective valve cover; improper installation of valve in valve body.

___ Cradle Strap Headband: Inspect for elasticity, breaks or tears in the material. Replace any worn or frayed straps. Make sure all fasteners and buckles are in place and attached properly.

___ Filter & Cartridges: Make sure cartridges/filters are clean (do not attempt to clean by washing or blowing off with compressed air). Check for dents and other damage, particularly to the sealing bead on the bottom of the cartridge. Check end of service life indicators if equipped.

___ Storage: Make sure the respirator is stored in a sealed plastic bag so that the face pieces and valves are resting in a normal position to prevent reforming into an abnormal shape. The respirator must be stored in an area well protected against dust, extreme cold, excessive moisture, and damaging chemicals.

___ Repairs: Make repairs in accordance with the manufacturer’s recommendations and specifications. Ensure that only trained personnel perform all repairs or adjustments.

___ Failed Test: Remove from service all respirators that fail to pass inspections.

Comments: ________________________________________________________________

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Signature of Inspector       Date