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OSHA Respiratory Protection Inspection and Safety Checklist

Inspection Details

Report #: _____
 Location: _____
 Inspection Date: _____
 Inspector Name: _____

Vehicle Details

Vehicle # : _____
 Vehicle Category : _____
 Vehicle Name : _____
 VIN #: _____
 Meter Reading: _____
 Model/Year: _____

Field Inspection

SN	Inspection Item	Note	Yes	No	NA
1	Are respirators cleaned regularly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are respirators stored in a manner that will protect them from damage?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are the respirators NIOSH approved?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are the respirators NIOSH approved?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Can the inhalation hazard be removed or controlled by enclosure, increased ventilation, or substituting for a less toxic material?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Change out schedule: When are filters changed out? End of shift? Every 4 hours?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Did employees do a user seal check prior to donning respirators?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Did employees inspect the respirator for damage prior to donning?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Have employees receive medical evaluation, fit tests and training?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10	Is anything preventing a good seal between the respirator and the employees face, like facial hair, glasses, etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Was the hazard evaluated for the appropriate respiratory protection?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	What is the filter change out schedule? (Ex: end of shift, every 4 hours, NA-SCBA or airline respirator.)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	What is the respiratory hazard employees are being protected from?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	What respiratory protection are employees are wearing? Example: Full face Powered Air Purifying Respirator (PAPR) with P100 filters; Supplied air; Half half air purifying respirator (APR) with organic vapor filters.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Write Comments or Remarks here:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OSHA Respiratory Protection Inspection and Safety Checklist

SN	Inspection Item	Note	Yes	No	NA
16	Are respirators cleaned, sanitized and inspected?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Are respirators stored in a manner that will protect them from damage?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Has someone been assigned as the Respiratory Protection Program Administrator?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Has the Respiratory Protection Program been evaluated in the last year?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Have employees who wear respirators been fit tested for the respirators they will use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Have employees who wear respirators been medically evaluated prior to using respiratory equipment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Have employees who wear respirators received respiratory protection training prior to using respiratory equipment?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Have procedures been established for cleaning, storage, disinfecting and inspecting respirators?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Have procedures been established for proper selection of respirators?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	If employees are using respirators, is a written respiratory protection program in place?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26	If respirators are maintained onsite, is it done by persons trained in proper respirator maintenance and assembly?		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Additional Note

Overall Condition: _____

Vehicle Safe to Use: _____

Maintenance Priority: _____

Deployed: _____

Signature



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