PROTECTIVE CLOTHING AND EQUIPMENT INSPECTION CHECKLIST

1. Individual Component Inspection

a. **COAT**
- □ Fabric is free of rips, tears, and visible defects that could adversely affect the participant's safety.
- □ Coat consists of outer shell, moisture barrier, and thermal barrier.
- □ Fastening devices are in place and are operational.
- □ Coat has been manufactured within the last ten years.

b. **TROUSERS (PANTS)**
- □ Fabric is free of rips, tears, and visible defects that could adversely affect the participant's safety.
- □ Trousers consist of outer shell, moisture barrier, and thermal barrier.
- □ Fastening devices and suspenders or belt are in place and are operational.
- □ Trousers have been manufactured within the last ten years.

c. **HELMET**
- □ All components are present and operational, including the shell, energy-absorbing system, retention system (chin strap), ear flaps and some form of eye protection.
- □ Helmet has been manufactured within the last ten years

d. **PROTECTIVE HOOD**
- □ Fabric is free of rips, tears, and visible defects that could adversely affect the participant's safety.
- □ Protective hood has been manufactured within the last ten years.

e. **GLOVES**
- □ Fabric is free of rips, tears, and visible defects that could adversely affect the participant’s safety.
- □ Gloves must have wrist protection (Note: rubber-coated gloves are not allowed.)
- □ Gloves have been manufactured within the last ten years.

f. **BOOTS**

Material is free of rips, tears, and visible defects that could adversely affect the participant’s safety. Proper length (height).
- □ Boots have been manufactured within the last ten years.

2. Protective Breathing Apparatus Inspection (Complete only if participant supplied their own SCBA)

a. **SCBA**
- □ The unit can be used in the positive pressure mode.
- □ The unit is NFPA compliant.
- □ The cylinders are a minimum of 30-minute duration.
- □ The unit and cylinders are from the same manufacturer.
- □ The unit is free of visible defects that could adversely affect the participant's safety.

Note any concern on the back of this form.

Instructor/Examiner Name: _____ Signature: _____

Date: _____