



DEPARTMENT OF FIRE AND RESCUE SERVICES  
MONTGOMERY COUNTY, MD.

DIRECTIVE

NUMBER: 92-08

DATE: August 14, 1992

TO: All DFRS Personnel

FROM: Ramon F. Granados, Director  
Department of Fire and Rescue Services

A handwritten signature in cursive script, appearing to read "Ramon F. Granados".

SUBJECT: Daily/Monthly Inspection Logs -- SCBA

Employees are responsible for daily and monthly inspections of all Scott 4.5 self contained breathing apparatus to meet the compliance requirements of the Maryland Occupational Safety and Health Agency. These inspections are to follow the guidelines of Scott Aviation (see attached).

A log must be kept of these inspections. If provisions for logging these inspections do not exist on the current daily/monthly apparatus/equipment inspection documents in your stations, then the attached two forms must be used. If forms currently used by a corporation provide the daily and monthly information, by unit number, it will be acceptable. When using such a form please provide a copy to the SCBA Coordinator to determine that it is acceptable.

DAILY INSPECTION LOG: Provides for two types of inspections on a daily basis. The first is made during the normal morning check. It includes two areas: Cylinder Pressure at 4500 PSI, and that All Parts (are) In Place. Initial each area after inspection.

The second portion of the daily inspection log provides for After Any Use Inspection. After every use, the unit is to be inspected and the areas noted checked. Again, the individual doing the inspection is to initial each area of the form. Regulators are to be cleaned and disinfected and logged in the existing station log maintained for this purpose.

MONTHLY INSPECTION LOG: A new form (attached) is provided for the monthly inspection. It has been modified to take into account that the pressure reducer and regulator for any given position may change from one month to the next. One form is to be used each month.

In both cases, the original is to be maintained in the station and a copy made and sent to SCBA Records, Station 19.

Attachments.

## 4.9 SYSTEM CHECK

### WARNING

THE INFORMATION BELOW IS MEANT TO SUPPLEMENT, NOT REPLACE THE INSTRUCTIONS, TRAINING, SUPERVISION, MAINTENANCE, AND OTHER ELEMENTS OF YOUR ORGANIZED RESPIRATORY PROTECTION PROGRAM.

### 4.9.1 REGULAR OPERATIONAL INSPECTION

A separate Audio Visual Program, H/S 5520, is available for this procedure.

The following procedure shall be used when you first receive the respirator and for daily inspection of the respirator. A respirator not routinely used, but kept for emergency use, shall be inspected at least monthly. Cylinder pressure should be inspected weekly. All respirators shall be inspected after each use. If any malfunction is noted, remove the respirator from service and tag for repair by authorized personnel.

### WARNING

FOLLOW THE REGULAR OPERATIONAL INSPECTION PROCEDURE EXACTLY. IF THE VIBRALERT ALARM DOES NOT ACTUATE, THE PURGE DOES NOT ACTUATE, THE DONNING SWITCH DOES NOT OPERATE AS DESCRIBED, OR ANY OTHER OPERATIONAL MALFUNCTION IS NOTED, DO NOT USE THE RESPIRATOR.

1. Visually inspect the complete respirator for worn or aging rubber parts, worn or frayed harness webbing, or damaged components.
2. Check the latest cylinder hydrostatic test date to ensure it is current, i.e., within five years for standard aluminum cylinders, within three years for composite (fiberglass overwrapped) cylinders.
3. Visually inspect cylinder for dents or gouges in metal or in fiberglass wrapping. Cylinders which show exposure to high heat or flame, such as paint turned brown or black, decals charred or missing, gauge lens melted or elastomeric bumper distorted, shall be removed from service and emptied of compressed air. Refer to current applicable publications on compressed gas cylinder inspection available from Compressed Gas Association, Inc., 1235 Jefferson Davis Highway, Arlington, VA 22202.

### WARNING

CYLINDERS WHICH EXHIBIT THESE CONDITIONS MAY SUDDENLY LEAK OR RUPTURE IF CHARGED WITH COMPRESSED AIR.

4. Check cylinder pressure gauge for "FULL" indication. If cylinder pressure is less than "FULL", replace with a fully charged cylinder.
5. Check to ensure reducer hose coupling is hand tightened to the cylinder valve outlet.

### CAUTION

WRENCHES SHALL NOT BE USED, AS DAMAGE PARTICULARLY TO THE COUPLING GASKET MAY RESULT.

6. Check that the breathing regulator purge valve (red knob on regulator) is closed (full clockwise and pointer on knob upward).

### CAUTION

DO NOT USE TOOLS TO OPEN OR CLOSE THE PURGE VALVE. OPEN OR CLOSE BY USING FINGER-PRESSURE ONLY. ROTATION OF THE PURGE VALVE IS LIMITED TO ½ TURN.

FOR DONNING SWITCH MODELS ONLY, PROCEED AS FOLLOWS (AFTER COMPLETING STEPS 1 THROUGH 6):

7. Fully depress the center of the donning switch on the top of the regulator and release.
8. Slowly open the cylinder valve fully by rotating knob counterclockwise. Vibralert alarm shall actuate and then stop. There shall be no airflow from the facepiece.
9. Don the facepiece or hold the facepiece to the face to effect a good seal.
10. Inhale sharply to automatically start the flow of air.
11. Breathe normally from the facepiece to ensure proper operation.
12. Remove facepiece from face. Air shall freely flow from the facepiece.
13. Fully depress the center of the donning switch on the top of regulator and release. The flow of air from the facepiece shall stop.
14. Rotate purge valve ½ turn counterclockwise (pointer on knob downward). Air shall freely flow from the regulator.
15. Rotate purge valve ½ turn clockwise to full closed position (pointer on knob upward). Airflow from regulator shall stop.
16. Push in and rotate cylinder valve knob clockwise to close. When cylinder valve is fully closed, open purge valve slightly to vent residual air pressure from system. The Vibralert shall actuate as the pressure drops below ½ mark on remote gauge. When airflow stops, return purge valve to the fully closed position (pointer on knob upward).

MONTGOMERY COUNTY DEPARTMENT OF FIRE & RESCUE SERVICES  
 DAILY INSPECTION LOG, SELF CONTAINED BREATHING APPARATUS

Month \_\_\_ Year \_\_\_ Pressure Reducer SN or ID \_\_\_\_\_

DAILY INSPECTION                      AFTER ANY USE INSPECTION  
 INITIAL EACH AREA

Day	DAILY INSPECTION		AFTER ANY USE INSPECTION					
	Cyl PSI 4500	All Parts In Place	Cyl PSI 4500	CK All Parts	CL/DISN FP	REG	Leak CK	OP CK
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

Regulator disinfection identification is to be maintained in the existing separate log. Initial the space under CL/DISN REG in the "After Any Use Inspection" area when a regulator has been cleaned and placed with this Pressure Reducer.

The above log is to be used DAILY and when servicing SCBA following any use. At the end of the month keep the original in the station and send a copy to the SCBA Coordinator, Station 19.

Abbreviations: CL--clean; DISN--disinfection; FP--face piece; REG--regulator; CK--check.  
 scba0039.m

MONTGOMERY COUNTY DEPARTMENT OF FIRE & RESCUE SERVICES  
 MONTHLY INSPECTION LOG--SELF CONTAINED BREATHING APPARATUS

Month/Year/Inspector \_\_\_\_\_

	Initial	Comments
Facepiece Assembly Head Harness		
Backpack & Harness		
Cylinder Pressure		
Functional Check, Regulator & Alarm		
Cleaned		

Pressure Reducer SN \_\_\_\_\_

Regulator SN \_\_\_\_\_

NOTE: Mark each area with an "OK" or if problems exist list them in the adjacent space. If the unit requires maintenance complete an appropriate SCBA Repair Request form, tag and place the unit out of service.

When completed make a copy for the station file and return the original to the SCBA Coordinator, Station 19.

Month/Year/Inspector \_\_\_\_\_

	Initial	Comments
Facepiece Assembly Head Harness		
Backpack & Harness		
Cylinder Pressure		
Functional Check, Regulator & Alarm		
Cleaned		

Pressure Reducer SN \_\_\_\_\_

Regulator SN \_\_\_\_\_

NOTE: Mark each area with an "OK" or if problems exist list them in the adjacent space. If the unit requires maintenance complete an appropriate SCBA Repair Request form, tag and place the unit out of service.

When completed make a copy for the station file and return the original to the SCBA Coordinator, Station 19.