

**PURDUE UNIVERSITY
RESPIRATORY PROTECTION PROGRAM**

RESPIRATOR INSPECTION RECORD

Department: _____ Date: _____

Respirator Type	Manufacturer	Model
<input type="checkbox"/> Negative Pressure		
<input type="checkbox"/> PAPR		
<input type="checkbox"/> Supplied Air		

Equipment Approved by REM? Yes No

Respirator Storage	Adequate	Inadequate	Note Deficiencies
Ability to prevent facepiece distortion.	<input type="checkbox"/>	<input type="checkbox"/>	
Prevention of environmental (e.g. extreme temperatures, moisture) damage and deterioration.	<input type="checkbox"/>	<input type="checkbox"/>	

Respirator Maintenance	Adequate	Inadequate	Note Deficiencies
Cleaning and Decontamination	<input type="checkbox"/>	<input type="checkbox"/>	
Condition of facepiece, straps, valves, cartridges, and filters or supplied air hoses and connections.	<input type="checkbox"/>	<input type="checkbox"/>	

If deficiencies are noted in any of the above areas, the user(s) and their supervisors shall be notified.

Respirator User: _____

Supervisor: _____ Date Notified: _____

(Please Print)

The above conditions were noted during a routine Personal Protective Equipment (PPE) inspection. Please correct deficiencies as soon as possible. A follow up will document corrective action.

Inspector's Name: _____ Signature: _____

(Please Print)

Follow-up Inspection Date: _____

Inspector's Name: _____ Signature: _____

(Please Print)

The follow-up inspection revealed inadequate conditions **Have** **Have Not** been corrected.

Any further action needed is noted below: