

EASIAIR 2020**Safety checklist to be completed before each use****Name:****Designation:****Ward/Service:****Date:****Asset Number:****Date Commissioned:**

Condition	Maintenance Required	Date of Action	Fit for Use	Name and Signature
Cleanliness			Yes/No	
Scratches			Yes/No	
Valve/Diaphragm			Yes/No	
Seal			Yes/No	
Filter Check	Insert date filter first used.	This should be within (1) month of first use of filter.	Yes/No	
Visor/Hood			Yes/No	
Headpiece			Yes/No	
Belt			Yes/No	
Battery capacity			Yes/No	
Airflow Test			Yes/No	
Alarm Test			Yes/No	

***Safety checklists will be reviewed monthly by the Health and Safety Department RPE Service Technicians.**