

# Pennsylvania State Fire Academy

## Personal Protective Equipment - Inspection List

### Inspection Instructions

This inspection checklist should be used for routine inspection of structural fire fighting clothing.

This list is not a substitute for professional evaluation of the clothing.

To properly inspect the garment you should separate the liner from the shell.

Use the check off list to ensure that all critical areas are reviewed.

If an item is not applicable for the garment, the draw a single line through the item.

The list continues on the rear of this document.

Also provided is a space to record the name of the garment user, the type material and the date and name of the inspector.

### Coat Inspection

	Accept	Accept	Not
<b>Shell</b>			
• Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tears/ Holes/Fraying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Weakened Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Burns/Charring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hardware</b>			
• Snaps functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Zippers/ Closures/ Velcro Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Liner</b>			
• Thermal Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Moisture Barrier or Inner Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Moisture Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Delaminating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tears/Fraying of liners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trim</b>			
• Thermal Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Torn/Frayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Visibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Comments:			

### Pants Inspection

	Accept	Accept	Not
<b>Shell</b>			
• Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tears/ Holes/Fraying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Weakened Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Burns/Charring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Hardware</b>			
• Snaps functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Zippers/ Closures/ Velcro Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Liner</b>			
• Thermal Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Moisture Barrier or Inner Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Moisture Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Delaminating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tears/Fraying of liners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Trim</b>			
• Thermal Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Torn/Frayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Visibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Comments:			

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<b><u>Helmet Inspection</u></b>						
<b>Shell</b>		Not	Accept	Accept	Not	
• Contamination	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Cracks/ Holes	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Weakened Material	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Burns/Charring	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Hardware</b>						
• Adjustments Functional	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Liner</b>						
• Thermal Damage	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Ear Flaps Functional	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Tears/Fraying of liners	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Fit</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Comments:</b> _____						
<b><u>Glove Inspection</u></b>						
<b>Liner</b>		Not	Accept	Accept	Not	
• Moisture Barrier Delaminating	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Tears/Fraying of liners	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Shell</b>						
• Tears/ Holes/Fraying	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Fit</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Comments:</b> _____						

<b><u>Boot Inspection</u></b>						
<b>Shell</b>		Not	Accept	Accept	Not	
• Contamination	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Tears/ Holes/Fraying	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Weakened Material	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Burns/Charring	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Hardware</b>						
• Snaps functional	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Zippers/ Closures/ Velcro Working	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Liner</b>						
• Thermal Damage Moisture Barrier or Inner Liner	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Moisture Barrier Delaminating	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
• Tears/Fraying of liners	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Fit</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Comments:</b> _____						
<b><u>Hood Inspection</u></b>						
		Not	Accept	Accept	Not	
• Tears/ Holes/Fraying	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Fit</b>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
<b>Comments:</b> _____						

Name of User: _____	Serial Numbers: Coat _____	Pants _____	Helmet _____
Inspected By: _____	Inspected By: _____	Inspected By: _____	Inspected By: _____
Inspected By: _____	Inspected By: _____	Inspected By: _____	Inspected By: _____
Inspected By: _____	Inspected By: _____	Inspected By: _____	Inspected By: _____