

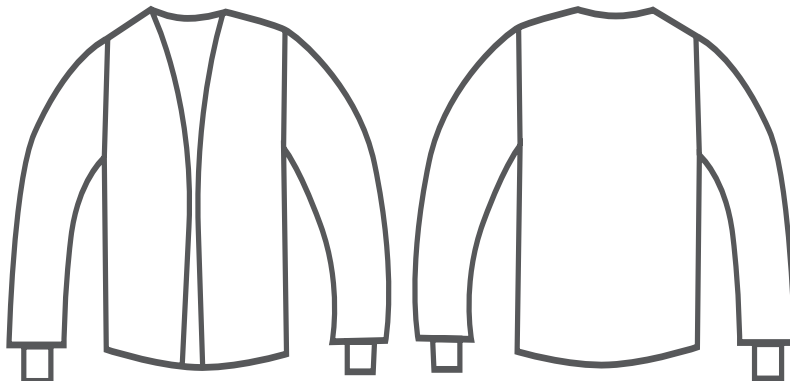
ADVANCED INSPECTION / JACKETS

Serial # (SHELL): _____ DOM : _____ Inspector: _____

Serial # (LINER): _____ DOM: _____ Date of Inspection: _____

	Outer Shell	Thermal Liner	Moisture Barrier	Comments
Soiling/Contamination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Physical Damage: Rips, Tears, Cuts, etc.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Damaged or Missing Hardware	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Thermal Damage: Flame/Heat	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Stitching/Seam Integrity	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Fabric Integrity (i.e., UV, Chemical, Strength, etc.)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Wristlet Integrity	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Reflective Trim Damage; Loss of Reflectivity	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Label Integrity/Legibility	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Hook and Loop Functionality	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Liner Attachment Systems	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Closure System Functionality	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Accessory Integrity	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Correct Assembly and Size of Shell and Liner	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
DRD Size, Cleanliness, Physical Integrity	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Moisture Barrier Leakage (Hydrostatic Testing)			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Proximity—Loss of Reflectivity or Delamination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			

Important note: As part of advanced inspection, NFPA Standard 1851 requires that the system be inspected annually for fit and coat/trouser overlap, which can only be performed by observing the coat and pant on the firefighter.



Complete liner inspection, including a hydrostatic test, is required to be performed annually.

HYDROSTATIC TEST RESULTS

(Test 6 Areas: 3 Flat, 3 Seams)

Flat Test Areas: _____ of 3 **PASS**

Seam Test Areas: _____ of 3 **PASS**

Flat Test Areas: _____ of 3 **FAIL**

Seam Test Areas: _____ of 3 **FAIL**

Comments:

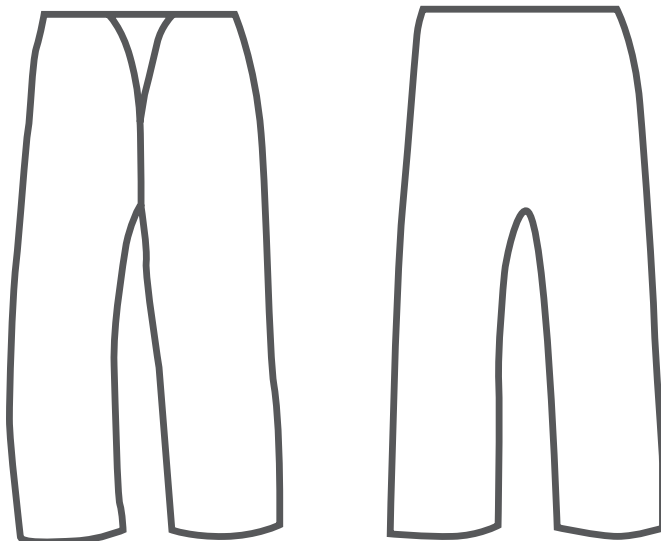
ADVANCED INSPECTION / PANTS

Serial # (SHELL): _____ DOM : _____ Inspector: _____

Serial # (LINER): _____ DOM: _____ Date of Inspection: _____

	Outer Shell	Thermal Liner	Moisture Barrier	Comments
Soiling/Contamination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Physical Damage: Rips, Tears, Cuts, etc.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Damaged or Missing Hardware	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Thermal Damage: Flame/Heat	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Stitching/Seam Integrity	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Material Physical Integrity (i.e., UV, Chemical, Strength, etc.)	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Reflective Trim Damage; Loss of Reflectivity	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Label Integrity/Legibility	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail		
Hook and Loop Functionality	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Liner Attachment Systems	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Closure System Functionality	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Accessory Integrity	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			
Correct Assembly and Size of Shell and Liner	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Moisture Barrier Leakage (Hydrostatic Testing)			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Proximity—Loss of Reflectivity or Delamination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail			

Important note: As part of advanced inspection, NFPA Standard 1851 requires that the system be inspected annually for fit and coat/trouser overlap, which can only be performed by observing the coat and pant on the firefighter.



Complete liner inspection, including a hydrostatic test, is required to be performed annually.

HYDROSTATIC TEST RESULTS

(Test 6 Areas: 3 Flat, 3 Seams)

Flat Test Areas: _____ of 3 **PASS**

Seam Test Areas: _____ of 3 **PASS**

Flat Test Areas: _____ of 3 **FAIL**

Seam Test Areas: _____ of 3 **FAIL**

Comments:



ADVANCED INSPECTION / HOOD

Serial # (HOOD): _____

Inspector: _____

DOM : _____

Date of Inspection: _____

	Hood	Comments
Soiling/Contamination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Rips, Tears, Cuts, etc.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Flame/Heat Damage	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Stitching/Seam Integrity	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Loss of Elasticity/ Stretching out of Shape	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Loss of Face Opening Adjustment	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Shrinkage	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Damage to or Separation of Any Material as Described by Mfg.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Damage to Particulate-Blocking Layer where Present	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Label Integrity/Legibility	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

Comments:

ADVANCED INSPECTION / GLOVES

Serial # (GLOVES): _____

Inspector: _____

DOM : _____

Date of Inspection: _____

	Gloves	Comments
Soiling/Contamination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Physical Damage: Rips, Tears, Cuts, etc.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Thermal Damage: Flame, Heat, etc.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Stitching/Seam Integrity	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Loss of Elasticity/ Stretching out of Shape	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Loss of Elasticity and Shape in Wristlets	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Loss of Flexibility	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Shrinkage	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Liner Attachment System/ Damage/Inversion	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Label Integrity/Legibility	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Accessories for Compliance	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

Comments:

ADVANCED INSPECTION / FOOTWEAR

Serial # (FOOTWEAR): _____

Inspector: _____

DOM : _____

Date of Inspection: _____

	Footwear	Comments
Soiling/Contamination	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Physical Damage: Rips, Tears, Cuts, etc.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Thermal Damage: Flame, Heat, etc.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Stitching/Seam Integrity	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Lining Condition: i.e., Tears, Excessive Wear, Separation from Outer Layer, etc.	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Exposed or Deformed Toe/Mid Sole/Shank	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Excessive Tread Wear	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Heel Counter Failure	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Closure System Functionality	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Loss of Water Resistance	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Label Integrity/Legibility	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Accessories for Compliance	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

Comments:

FIRE HELMET TRACKING / INSPECTION FORM

Helmet issued to:

Condition when issued:

Date issued:

Helmet Model

<input type="checkbox"/> Houston N6A® Helmet	<input type="checkbox"/> Invader 664® Helmet	<input type="checkbox"/> Rescue 360R-13 Helmet
<input type="checkbox"/> New Yorker N5A® Helmet	<input type="checkbox"/> Commando HP3® Helmet	<input type="checkbox"/> Rescue 360R Helmet
<input type="checkbox"/> Cairns 1010 Helmet	<input type="checkbox"/> 880 Tradition® Helmet	<input type="checkbox"/> XF1 Fire Helmet
<input type="checkbox"/> Cairns 1044 Helmet	<input type="checkbox"/> Structural 360S® Helmet	<input type="checkbox"/> Other
<input type="checkbox"/> 660C Metro® Helmet		

Helmet serial number:

Manufactured on: *Month*

Year

Date retired:

Date disposed of:

Disposal method:

ADVANCED INSPECTION / HELMET

Serial # (HELMET): _____

Inspector: _____

DOM : _____

Date of Inspection: _____

	Helmet		Comments
Soiling/Contamination	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Physical Damage: Ear Flaps Rips, Tears, Cuts, etc.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Thermal Damage: Ear Flaps Flame, Heat, etc.	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Stitching/Seam Integrity	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Liner Attachment System/Damage	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Loss of Flexibility	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Damage to Shell – Bubbling/Warping/Soft Spots	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Damage to Retention/Suspension Systems or Missing Components	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Functionality of Retention/Suspension	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Faceshield/Goggles Missing Components	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Damage To Faceshield/Goggles i.e., Scratching, Discoloration	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Faceshield/Goggles Functionality	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Reflective Trim Damaged or Missing	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Impact Cap Damage (ie. Cracks, Dents, Abrasions, etc.)	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Accessories for Compliance	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
Label Integrity/Legibility	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

Comments:

FIRE HELMET TRACKING

ADVANCED CLEANING/ADVANCED INSPECTION/REPAIRS

Date	Performed by	Reason
Advanced Cleaning <input type="checkbox"/>	Advanced Inspection <input type="checkbox"/>	Replaced Soft Goods <input type="checkbox"/>
Disinfection or Sanitized Cleaning <input type="checkbox"/>	Specialized Cleaning <input type="checkbox"/>	Replaced Chinstrap <input type="checkbox"/>
Findings/Repairs		

Date	Performed by	Reason
Advanced Cleaning <input type="checkbox"/>	Advanced Inspection <input type="checkbox"/>	Replaced Soft Goods <input type="checkbox"/>
Disinfection or Sanitized Cleaning <input type="checkbox"/>	Specialized Cleaning <input type="checkbox"/>	Replaced Chinstrap <input type="checkbox"/>
Findings/Repairs		

Date	Performed by	Reason
Advanced Cleaning <input type="checkbox"/>	Advanced Inspection <input type="checkbox"/>	Replaced Soft Goods <input type="checkbox"/>
Disinfection or Sanitized Cleaning <input type="checkbox"/>	Specialized Cleaning <input type="checkbox"/>	Replaced Chinstrap <input type="checkbox"/>
Findings/Repairs		

Date	Performed by	Reason
Advanced Cleaning <input type="checkbox"/>	Advanced Inspection <input type="checkbox"/>	Replaced Soft Goods <input type="checkbox"/>
Disinfection or Sanitized Cleaning <input type="checkbox"/>	Specialized Cleaning <input type="checkbox"/>	Replaced Chinstrap <input type="checkbox"/>
Findings/Repairs		

Date	Performed by	Reason
Advanced Cleaning <input type="checkbox"/>	Advanced Inspection <input type="checkbox"/>	Replaced Soft Goods <input type="checkbox"/>
Disinfection or Sanitized Cleaning <input type="checkbox"/>	Specialized Cleaning <input type="checkbox"/>	Replaced Chinstrap <input type="checkbox"/>
Findings/Repairs		