



HORRY COUNTY FIRE RESCUE

Weekly SCBA Inspection Log



Date Inspected: _____ Inspected By: _____

Station: _____ Shift: _____ Apparatus/Fleet #: _____

SCBA Apparatus Number	Manufacture Date	Regulator		Facepiece		Pass Alarm		Condition/Cleanliness		Comments
		OK	BAD	OK	BAD	OK	BAD	OK	BAD	
1										
2										
3										
4										
5										
6										

Cylinder Number	Manufacture Date	Hydro Test Date	Cylinder Pressure	Condition/Cleanliness		Comments
				OK	BAD	
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						