

Prince George Fire-EMS

(Personal Protective Gear)

Inspection Form

Name: _____ Inspection Date: _____

{Check One} Issued Loaner

ITEM	PASS	FAIL	REPAIR	REPLACE	DATE CORRECTED
COAT					
COAT LINER					
COAT(RQ STRAP)					
PANTS					
PANTS LINER					
SUSPENDERS					
HELMET(OUTER)					
HELMET(INNER)					
HELMET(EAR, OPT)					
HOOD					
BOOTS					
FF GLOVES					
WK GLOVES					
SAFETY GLASSES					

NOTE: ALL UNSATISFACTORY ITEMS MUST BE EXPLAINED BELOW. IF NO CORRECTIONS ARE NEEDED, OR REPAIRED/ REPLACEMENT IS COMPLETE, THEN FORWARD THIS FORM TO FIRE ADMINISTRATIONS

Comments: _____

INDIVIDUAL	COMPANY OFFICER	SAFETY INSPECTOR

