

BEFORE USE AND MONTHLY INSPECTION CRITERIA OF AN AIR-PURIFYING RESPIRATOR (APR)

A. Facepiece	<ul style="list-style-type: none"> - Cracks, tears, holes or distortion, dirt; - Loss of flexibility and deterioration of elastomeric parts; - Incorrect assembly or missing straps; - Missing or broken gaskets, used thread; - Damaged/missing inhalation and expiration valves.
B. Head harness and straps	<ul style="list-style-type: none"> - Broken; loss of elasticity; - Broken buckles/straps or in poor condition.
C. Valves	<ul style="list-style-type: none"> - Damaged/broken inhalation and expiration valves; - Foreign body underneath the valve seat; - Tears, distortion, cracks; - Missing or damaged valve cover; - Inadequate insertion of the valve in its cavity.
D. Sanitizing elements	<ul style="list-style-type: none"> - Inadequate cartridge or filter considering the hazard; - Improper installation, missing or used gaskets; - Cracks or scratches on the cartridge/filter; - Expiration according to end-of-service indicator; - Exceeding the expiry date for the recommended working life; - Cracks or scratches on chemical cartridges or on the mechanical filters.

Inspection of the FILTERING FACEPIECE (disposable NIOSH approved mask) before use		
✓	Surface of the mask	<ul style="list-style-type: none"> - Absence of dirt and damages; - No perforated material (inspect it with a light source); - Not distorted, not torn, not discoloration; - Nasal band intact (not curved, if present); - To be changed if soiled, damaged or if there is breathing resistance.
✓	Straps	<ul style="list-style-type: none"> - Presence of the two straps; - Elasticity.
✓	Information contained on the mask	<ul style="list-style-type: none"> - Approved filtering facepiece (e.g., N95 or NIOSH inscription must appear).

Note: *This checklist must be used as a reference.
For further details, follow manufacturer's recommended procedures.*

4) AIR PURIFYING RESPIRATOR (APR) MONTHLY INSPECTION FORM

(SEE REVERSE FOR THE INSPECTION CRITERIA)

Year: _____

Please complete one form per person.

Important: If some elements are found to be defective, do not use in a hazard area.

Check the HALF FACEPIECE		Manufacturer: _____		✓ = OK X = NO											
		Model: _____		Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.
Size: S / M / L Other _____															
A	Facepiece in good condition														
B	Head harness and straps in good condition														
C	Valves in good condition														
D	Purifying elements have been changed after each day of use														
This APR is in good working condition, cleaned, disinfected, dry and stored in a seal bag in an appropriate location.															

Comments/deficiencies/parts changed: _____

Check the FULL FACEPIECE		Manufacturer: _____		✓ = OK X = NO											
		Model: _____		Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.
Size: S / M / L Other _____															
A	Facepiece in good condition														
B	Head harness and straps in good condition														
C	Valves in good condition														
D	Purifying elements have been changed after each day of use														
This APR is in good working condition, cleaned, disinfected, dry and stored in a seal bag in an appropriate location.															

Comments/deficiencies/parts changed: _____

Employee's name: _____

Location of APR/APRs : _____