

_____ Fire Department
IL OSHA Sample SCBA Knowledge Demonstration per 1910.134(k)(1)
Requirement: At least annually for each member designated to use SCBA

Date _____

Start Time _____

End Time _____

Evaluator _____

Member Name

Member Signature

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Activity

N/A

Pass

Fail

Activity	N/A	Pass	Fail
Pre-use SCBA inspection per FD SOP or manufacturer			
Donning (Complete PPE, on air, ready for interior operations)			
Emergency Procedures for SCBA malfunction			
PASS activation			
Demonstrate other features of SCBA			
Doffing			
Clean SCBA and facepiece			
Fill bottle			
Post-use SCBA inspection, return to ready condition			
Proper storage of in-service SCBA			

Comments _____
