**RPE Routine Inspection/ Examination Record**

|  |  |
| --- | --- |
| Hub: |  |
| Team: |  |

Monthly Inspection / Annual Examination / Initial Examination (delete as appropriate)

|  |  |
| --- | --- |
| Equipment Reference/Serial No: |  |
|  |  |
| Make and Model: |  |
|  |  |
| Issued to: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Component** | | **Observation** | | | **Yes** | **No** |
| **Facepiece** | | Labelled with Users Name, Serial No. & Expiry Date | | |  |  |
| Clean | | |  |  |
| Complete | | |  |  |
| Correctly Assembled | | |  |  |
| Signs of Splits/Wear/Damage | | |  |  |
| Relevant Kite Mark/EN Number (Initial Inspection Only) | | |  |  |
| **Head Harness** | | Signs of Splits/Wear/Damage | | |  |  |
| Fitted Correctly | | |  |  |
| **Valves** | | Clean | | |  |  |
| Warped/Split/Damaged | | |  |  |
| **Filters** | | Clean | | |  |  |
| Good Condition | | |  |  |
| In Date | | |  |  |
| Fitted Correctly | | |  |  |
| Labelled with Expiry Date | | |  |  |
| Relevant Kite Mark/EU Number (Initial Inspection Only) | | |  |  |
| **Fit Test** | | **(Initial inspection & post repair only)** | | |  |  |
| **Monthly Inspection Records Available (annual inspection only)** | | | | |  |  |
|  |  |  |  |  |  |  |
|  |  |  | **Fit for Use** | |  |  |
|  |  |  |  |  |  |  |
| **Maintenance Needed (Provide Details):** | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Inspector: |  | | |
|  |  | | |
| Signed: |  | Date: |  |

Please complete your monthly RPE examination in the first week of every month and return the completed record to your line manager.