mmHg

mmHg

	EMERGENCY OXYGEN KIT - INVENTORY, MAINTENANCE AND ORDER FORM																	
O2 KI	T# D	DIVING UNIT NAME D				DIVING UNIT LOCATION					UNIT DIVING SUPERVISOR NAME							
ITEMS ISSUED ITEMS ISSUED						ITEMS ISSUED				C	ĮΤΥ	ITEMS ISSUED QTY				QTY		
FIRST STAGE REGULATOR SERIAL NUMBER					REUSABLE O2 MASK						NON-REBREATHER MASK (single use)							
	OND STAGE DEMAND VE REG with LP HOSE	'	SERIAL NUMBER / MANUFACTURER				BVM RESUSCITATOR BAG					SPARE WASHER						
OXYGEN CYLINDER #1 **			Steel Alum	HYDRO	IYDROSTATIC TEST DATE SERIAL N					AL NUM								
OXYGEN CYLINDER #2		* SIZE	Steel Alum	HYDRO	HYDROSTATIC TEST DATE SERIAL N				AL NUM	MBER								
-	•	tatic testing requirements									•							
INSF	PECTION / MAINTENANCE			YI	EAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
1.	Check condition of reusable O2 mask and the BVM resuscitatior bag and mask. Clean or replace if necessary												<u> </u>					
2.	Check condition of single use non-rebreather mask. Replace if necessary.																	
3.	Verify washer is seated properly. Tighten as needed.																	
4.	Check cylinder condition. Valve should be clean and dry (NO OIL)																	
5.	Check hydrostatic test date. Aluminum cylinders within 5 yrs; Steel cylinders within 5 yrs or 10 yrs w/ *																	
6.	Verify cylinder wrench is attached to yoke and accessible to both cylinders (when applicable).																	
7.	Open cylinder valve. Check pressure gauge. Verify cylinder is full (2015 psi +/- 10%).																	
8.	Briefly push button on demand valve. Valve should have high flow, no whistle, and fully stop when released.																	
9.	Close cylinder valve. Check for leaks. Pressure gauge needle should not move.																	
10.	Push button on demand valve to bleed off contents.																	
11.	. Check for corrosion. Rinse and clean as needed.																	
12.	Check general condition of watertight storage case.																	
INSPECTOR'S INITIALS:																		
		PREVIOUS 2 YEAR SERVICE DA	TE JAN/FI	B/MAR		APR/MAY/JUN				JUL/A	UG/SEPT		-		ОСТ	/NOV/DE	:C	
DE	MAND VALVE TESTS:		DATE	ГЕ	DATE						С	DATE						

NOTES:

PASSING PRESSURE = 32-48 mmHg

Emergency oxygen kits shall be inspected before diving operations and monthly inspections are recommended.

mmHg

Follow the manufactures recommendations for the demand valve resuscitator or it shall be tested every three (3) months and serviced by an authorized service center every two (2) years.

For order information, questions or service needs for	NAME of INSPECTOR	SIGNATURE of INSPECTOR	DATE
this kit, contact the NOAA Dive Center at 206-526-6623.			