EMERGENCY OXYGEN KIT - INVENTORY, MAINTENANCE AND ORDER FORM

O2 KIT # DIVING UNIT NAME			1	DIVING UNIT LOCATION UNIT							UNIT	NIT DIVING SUPERVISOR NAME									
ITEMSISSUED								ľ	ITEMS ISSUED C					TY	TY ITEMS ISSUED					(QTY
FIRST STAGE REGULATOR			SERIAL NUMBER					F	REUSABLE O2 MASK						NON-REBREATHER MASK (single use)						
SECOND STAGE DEMAND VALVE REG with LP HOSE			SERIAL NUMBER / MANUFACTURER					E	BMV RESUSCITATOR BAG						SPARE WASHER						
OXYGEN CYLINDER #1 **		L **	SIZE	Steel	Alum	HYDRO!	YDROSTATIC TEST DATE SERIAL NUMBER														
OXYGEN CYLINDER #2 **		2 **	SIZE	Steel	Alum	HYDROSTATIC TEST DATE SERIAL NUMBER															
**Cyli	inders must meet hydr	rostatic tes	ting requirements																		
INSPECTION / MAINTENANCE						YE/	EAR		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
1.	Check condition of reusable O2 mask and the BMV resuscitatior bag and mask. Clean or rep						replace	e if necessary.													

INS	PECTION / MAINTENA	ANCE			YEAR	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
1.	Check condition of reusable O2 mask and the BMV resuscitation bag and mask. Clean or replace if necessary.																
2.	Check condition of single use non-rebreather mask. Replace if necessary.																
3.	Verify washer is seated properly. Tighten as needed.																
4.	Check cylinder condit	ion. Valve should be clean	and dry (NO OIL)														
5.	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 tank valve. Check pressure gauge. Verify tank 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.	9. Close tank valve. Check for leaks. Pressure gauge needle should not move.																
10.	10. Push button on demand valve to bleed off contents.																
11.	L. Check for corrosion. Rinse and clean as needed.																
12.	2. Check general condition of watertight storage case.																
					INSPECTOR'S INITIALS	S:											1
		PREVIOUS 2 YEAR SERVICE DATE	JAN/FEB/MA	AR	APR/MAY/JUN	1			JUL/A	UG/SEPT		·		OCT	/NOV/D	EC	
	EMAND VALVE TESTS: ING PRESSURE = 32-48 mmHg		DATE		DATE		DA	TE	•			ı	DATE		•		
1 A33	1140 1 NESSONE - 32-46 HIIIIII Ig			mmHg		m	ımHg					mmHg					mmH

NOTES:

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