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| EMERGENCY SERVICES DIVISION PROCEDURE BROOKHAVEN NATIONAL LABORATORY | | Procedure No. FR-SCBA-9.0.2 |
| | | Revision No. 3 |
| Procedure Title: | Readiness Inspection Of SCBA Located On Emergency Response Apparatus | Page 1 of 4 |

1.0 PURPOSE

1.1 Self-Contained Breathing Apparatus (SCBA) is intended to provide contained breathing protection in atmospheres which are immediately dangerous to life and health (IDLH). The SCBA supplies fresh air for breathing in accordance with need. A single tank of compressed air provides the air, and pressure demand regulators control the flow of air to the face piece. Exhaled air is released to the atmosphere and is not re-breathed. The regulator closes automatically while exhaling, so the air supply is not wasted. Automatic warning of impending air supply depletion is provided by an audible alarm.

1.2 This procedure applies to the readiness inspection of the 4500 PSI, 30 and 60 minute SCBA used by the Fire/Rescue Group.

2.0 RESPONSIBILITIES

2.1 The Duty Captain is responsible for ensuring that the readiness inspection is conducted in accordance with the routine weekly inspection/testing and maintenance of BNL Fire/Rescue Group response equipment schedule.

2.2 All members are responsible for conducting the readiness inspection according to these procedures.

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| <p>PREPARED BY:</p> <p>C. LaSalla _____</p> <p>Author/Date</p> <p>Filing Code:</p> <p><u>FR20SR.01</u></p> | <p>REVIEWED BY:</p> <p>M. Carroll _____</p> <p>Chief/Date</p> <p>J. Vaz _____</p> <p>Division QAO/Date</p> | <p>APPROVED BY:</p> <p>F. Marotta _____</p> <p>Division Manager/Date</p> <p>EFFECTIVE DATE:</p> <p><u>06-01-01</u></p> <p>REVIEW CYCLE: 3 years</p> |
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| | | Revision No. 3 |
| Procedure Title: | Readiness Inspection Of SCBA Located On Emergency Response Apparatus | Page 2 of 4 |

3.0 DEFINITIONS

None

4.0 PREREQUISITES

None

5.0 PRECAUTIONS

None

6.0 PROCEDURE

6.1 Schedule

The following procedure applies to the weekly readiness and after use inspection conducted by the Fire/Rescue Group.

6.2 Inspection

6.2.1 Face pieces

- 6.2.1.1 Don the face piece, issued to Firefighter/Officer.
- 6.2.1.2 Block inlet flow of low pressure hose with the palm of hand.
- 6.2.1.3 Inhale gently - face pieces should "collapse" against face - no air should be entering face pieces from any source.
- 6.2.1.4 Exhale through the exhalation valve, no sticking should be evident.

6.2.2 Regulators

- 6.2.2.1 Attach the regulator to a fully charged cylinder.
- 6.2.2.2 Check that cylinder valves and regulator pressure gauges show the same (within 200 psi).
- 6.2.2.3 Attach face pieces and inhale - regulators should deliver on inhalation without excessive effort, free flow, or fluttering.

6.2.3 Leak Test

- 6.2.3.1 Open cylinder valves to fully pressurize, check hose and connector system, first and second stage regulators and mask connectors.

6.2.4 Audible Alarm Test

- 6.2.4.1 Open cylinders to charge SCBA and then close cylinder valves.

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ATTACHMENT 9.1

**CAIRNS PIONEER BREATHING APPARATUS
INSPECTION RECORD**

Perform the following checks every week to ensure that the apparatus is ready for use when needed

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|--------------------------------|-----------------------|-----------------------------|
| Cylinder Pressure | <u>FULL</u> | Regulator Serial No. |
| Cylinder Hydrostatic Test Date | <u>CURRENT</u> | _____ |
| Cylinder Hand Nut Connection | <u>TIGHT</u> | Location |
| Facepiece Condition | <u>OKAY</u> | _____ |
| QD Coupling on Shoulder Strap | <u>SECURED</u> | User |

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|--------------------------------|-----------------------|-----------------------------|
| Cylinder Pressure | <u>FULL</u> | Regulator Serial No. |
| Cylinder Hydrostatic Test Date | <u>CURRENT</u> | _____ |
| Cylinder Hand Nut Connection | <u>TIGHT</u> | Location |
| Facepiece Condition | <u>OKAY</u> | _____ |
| QD Coupling on Shoulder Strap | <u>SECURED</u> | User |

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|--------------------------------|-----------------------|-----------------------------|
| Cylinder Pressure | <u>FULL</u> | Regulator Serial No. |
| Cylinder Hydrostatic Test Date | <u>CURRENT</u> | _____ |
| Cylinder Hand Nut Connection | <u>TIGHT</u> | Location |
| Facepiece Condition | <u>OKAY</u> | _____ |
| QD Coupling on Shoulder Strap | <u>SECURED</u> | User |

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|--------------------------------|-----------------------|-----------------------------|
| Cylinder Pressure | <u>FULL</u> | Regulator Serial No. |
| Cylinder Hydrostatic Test Date | <u>CURRENT</u> | _____ |
| Cylinder Hand Nut Connection | <u>TIGHT</u> | Location |
| Facepiece Condition | <u>OKAY</u> | _____ |
| QD Coupling on Shoulder Strap | <u>SECURED</u> | User |

**These are recommended inspections which may be supplemented or overridden by
Standard Operating Procedures**

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Procedure Title:

**Readiness Inspection Of SCBA Located On
Emergency Response Apparatus**

Page 5 of 4

**EMERGENCY SERVICES DIVISION PROCEDURE
BROOKHAVEN NATIONAL LABORATORY**

Procedure No. FR-SCBA-9.0.2

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Procedure Title:

**Readiness Inspection Of SCBA Located On
Emergency Response Apparatus**

Page 6 of 4

**EMERGENCY SERVICES DIVISION PROCEDURE
BROOKHAVEN NATIONAL LABORATORY**

Procedure No. FR-SCBA-9.0.2

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Procedure Title:

**Readiness Inspection Of SCBA Located On
Emergency Response Apparatus**

Page 7 of 4

| | |
|--|---|
| EMERGENCY SERVICES DIVISION PROCEDURE BROOKHAVEN NATIONAL LABORATORY | Procedure No. FR-SCBA-9.0.2 Revision No. 3 |
| Procedure Title: Readiness Inspection Of SCBA Located On Emergency Response Apparatus | Page 8 of 4 |

ATTACHMENT

SCBA INSPECTION FORM