



**Bucks County Community College**  
 Department of Public Safety Training and Certification

1760 South Easton Road  
 Doylestown, PA 18901  
 215.340.8417

Name of user: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Inspected By: \_\_\_\_\_ Inspector's Signature: \_\_\_\_\_

**Inspection Instructions:** This inspection checklist should be used for routine inspection of structural firefighting clothing. This list is not a substitute for professional evaluation of the clothing. To properly inspect the garment you should separate the liner from the shell. Use the check off list to ensure that all the critical areas are reviewed. If an item is not applicable for the garment, then draw a single line through the item. The list continues on the rear of this document. Also provide is a space to record the name of the garment user, the type of material, date and the name of the inspector.

**COAT INSPECTION**

**PANTS INSPECTION**

SHELL		
Serial Number		
Manufacturer		
Size		
	Accept	Not Accept
Contamination	<input type="checkbox"/>	<input type="checkbox"/>
Tears/Holes/Fraying	<input type="checkbox"/>	<input type="checkbox"/>
Weakened Material	<input type="checkbox"/>	<input type="checkbox"/>
Burns/ Charring	<input type="checkbox"/>	<input type="checkbox"/>
HARDWARE		
	Accept	Not Accept
Snaps Functional	<input type="checkbox"/>	<input type="checkbox"/>
Zippers/Closures/ Velcro Working	<input type="checkbox"/>	<input type="checkbox"/>
LINER		
Serial Number		
Manufacturer		
Size		
	Accept	Not Accept
Thermal Damage Moisture Barrier or Inner Liner	<input type="checkbox"/>	<input type="checkbox"/>
Moisture Barrier Delaminating	<input type="checkbox"/>	<input type="checkbox"/>
Tears/Frying of Liners	<input type="checkbox"/>	<input type="checkbox"/>
TRIM		
	Accept	Not Accept
Thermal Damage	<input type="checkbox"/>	<input type="checkbox"/>
Torn/Frayed	<input type="checkbox"/>	<input type="checkbox"/>
Visibility	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Fit	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>		

SHELL		
Serial Number		
Manufacturer		
Size		
	Accept	Not Accept
Contamination	<input type="checkbox"/>	<input type="checkbox"/>
Tears/Holes/Fraying	<input type="checkbox"/>	<input type="checkbox"/>
Weakened Material	<input type="checkbox"/>	<input type="checkbox"/>
Burns/ Charring	<input type="checkbox"/>	<input type="checkbox"/>
HARDWARE		
	Accept	Not Accept
Snaps Functional	<input type="checkbox"/>	<input type="checkbox"/>
Zippers/Closures/ Velcro Working	<input type="checkbox"/>	<input type="checkbox"/>
LINER		
Serial Number		
Manufacturer		
Size		
	Accept	Not Accept
Thermal Damage Moisture Barrier or Inner Liner	<input type="checkbox"/>	<input type="checkbox"/>
Moisture Barrier Delaminating	<input type="checkbox"/>	<input type="checkbox"/>
Tears/Frying of Liners	<input type="checkbox"/>	<input type="checkbox"/>
TRIM		
	Accept	Not Accept
Thermal Damage	<input type="checkbox"/>	<input type="checkbox"/>
Torn/Frayed	<input type="checkbox"/>	<input type="checkbox"/>
Visibility	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Fit	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>		



**HELMET INSPECTION**

SHELL		
Serial Number		
Manufacturer		
	Accept	Not Accept
Contamination	<input type="checkbox"/>	<input type="checkbox"/>
Cracks/Holes	<input type="checkbox"/>	<input type="checkbox"/>
Weakened Material	<input type="checkbox"/>	<input type="checkbox"/>
Burns/ Charring	<input type="checkbox"/>	<input type="checkbox"/>
HARDWARE		
	Accept	Not Accept
Adjustments Functional	<input type="checkbox"/>	<input type="checkbox"/>
Full Eye Shield	<input type="checkbox"/>	<input type="checkbox"/>
Bortz Shield	<input type="checkbox"/>	<input type="checkbox"/>
Eye Protection or Separate Goggles	<input type="checkbox"/>	<input type="checkbox"/>
LINER		
	Accept	Not Accept
Thermal Damage	<input type="checkbox"/>	<input type="checkbox"/>
Ear Flaps Functional	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Fit	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>		

**GLOVES INSPECTION**

SHELL		
Serial Number		
Manufacturer		
Size		
	Accept	Not Accept
Thermal Damage Moisture Barrier or Inner Liner	<input type="checkbox"/>	<input type="checkbox"/>
Moisture Barrier Delaminating	<input type="checkbox"/>	<input type="checkbox"/>
Tears/Frying of Liners	<input type="checkbox"/>	<input type="checkbox"/>
Burns/ Charring	<input type="checkbox"/>	<input type="checkbox"/>
Tears/Holes/Fraying	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Fit	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>		

**BOOT INSPECTION**

SHELL		
Serial Number		
Manufacturer		
Size		
	Accept	Not Accept
Contamination	<input type="checkbox"/>	<input type="checkbox"/>
Tears/Holes/Fraying	<input type="checkbox"/>	<input type="checkbox"/>
Weakened Material	<input type="checkbox"/>	<input type="checkbox"/>
Burns/ Charring	<input type="checkbox"/>	<input type="checkbox"/>
Soles	<input type="checkbox"/>	<input type="checkbox"/>
LINER		
	Accept	Not Accept
Thermal Damage Moisture Barrier or Inner Liner	<input type="checkbox"/>	<input type="checkbox"/>
Moisture Barrier Delaminating	<input type="checkbox"/>	<input type="checkbox"/>
Tears/Frying of Liners	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Fit	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>		

**HOOD INSPECTION**

SHELL		
Serial Number		
Manufacturer		
Size		
	Accept	Not Accept
Burns/ Charring	<input type="checkbox"/>	<input type="checkbox"/>
Tears/Holes/Fraying	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Fit	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>		

**ADDITIONAL COMMENTS:**

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