



BG4 FUNCTION TEST RECORD APPARATUS # ___										
Function Test Date (month as Jan – Dec)	mmm/dd/yy									
First initial, last name of trainee										
Visual Inspection (incl. belt & lanyard)	OK / Repaired									
O <sub>2</sub> Cylinder Hydrostatic Test	OK / Replaced									
Face Mask Inspection	OK / Repaired									
No Pressure Warning (flashing light)	<1.4 mbar									
Inhalation Valve	OK / Repaired									
Exhalation Valve	OK / Repaired									
Pressure Relief Valve	2-5 mbar									
Moisture Relief Valve	15-25 mbar									
Positive Pressure Leak	7-7.5 mbar									
Bypass / Constant Dosage Rate	OK / 1.5-1.9 lpm									
Minimum Valve Activation Pressure	.1-2.5mbar									
O <sub>2</sub> Cylinder Pressure	>185 bar									
Low Pressure Alarm	55 bar									
Battery Test	OK/Repaired									
Date battery to be replaced	mmm/dd/yy									
Date soda lime to be replaced (6 months)	mmm/dd/yy									
Unit sealed and dated	Y/N									