



CLEANING AND INSPECTION LOG POWERED AIR PURIFYING RESPIRATOR (PAPR)

Filtration Unit ID: _____

Month/Year: _____

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
INSPECTION REQUIREMENTS																																		
Battery charged																																		
Battery replaced																																		
Breathing tube																																		
Air flow test																																		
Filter replaced																																		
Inspected by (Employee initials)																																		
CLEANING REQUIREMENTS																																		
Cleaned per manufacturer's guidelines																																		
Disinfected per manufacturer's guidelines																																		
Air dry																																		
Cleaned by (Employee initials)																																		

Infection Control Nurse/designee

Signature

Date

Comments:

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. Upon completion, the data classification category may change.

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