

Whatcom County Fire District No. 7

SCBA Recertification

Name & # of Member Certified: _____

Date of Certification: ____/____/____

Shift/Station _____

Time in Seconds: (75 Max) _____

1. Turn on air valve and visualize tank pressure (min 4000psi)
2. Attach chest strap.
3. Tighten shoulder straps.
4. Tighten waist belt.
5. Put on mask and tighten straps.
6. Check for seal on mask.
7. Don hood.
8. Don helmet w/ earflaps down and strap tight.
9. Attach regulator to face piece.
10. Neck flap must be secure.
11. Don gloves.

Signature & # of evaluator: _____

Quarter: _____