UPDATED: 7 April 2004

CO2 HOSE REEL CHECK SHEET

FOR USS _____

DATE:_____

REF: (A) PMS 5553/001
(B) NSTM 550
(C) S6430-AE-TED-010C
(D) S9555-D3-MMO-010
(E) GSO 555

	IAW	SAT/ UNSAT	SAT/ UNSAT	SAT/ UNSAT	SAT/ UNSAT	SAT/ UNSAT	SAT/ UNSAT
COMPARTMENT NUMBER							
A. INSPECT CO2 HOSE REEL:	5553/001						
1. Are supporting/hold down brackets loose. Should not be accomplished until ready for inspection?	S-4R						
2. Are the flexible metallic hoses free from paint?	S-4R						
3. Are the flexible metallic hose free from corrosion, kinking, or broken wires? Note: Ten adjacent wires or twenty broken wires randomly spaced over the piece of hose.	S-4R						
4. Is there freedom of movement of the hose reel?	S-4R						
5. Does the Flex hose have an identification tag?	S-4R						
6. Are warning signs/safety precautions and operating instructions posted and clearly visible?	S-4R						
7. Unreel & Inspect hose: Is the hose free from cuts, peeling, cracks and deterioration?	S-4R						
8. Inspect horn: Is the horn free from cracks and corrosion?	S-4R						
9. Is the manual discharge valve in good working order? Is it free from corrosion and damage?	GSO 555						
10. Does discharge hose reach all areas in the space? If not another hose reel needs to be installed.	GSO 555.b.2						
11. Does the hose length exceed the maximum of 50 feet?	GSO 555						
12. Inspect heads: Are the CO2 heads loose?							
B. CO2 CYLINDERS:	5553/001						
1. Are the cylinders free from bulges, cracks, dents and corrosion?	S-4R						
2. Are the cylinders painted IAW NSTM 550.2.24 – 550.2.29?	S-4R						
3. Are the cylinders within hydrostatic testing periodicity? Note: 5 years if used, 12 years if never used.	A-4						
4. Are the record cards filled out correctly with date and weight?	A-4						
5. Is the latest test date stamped on the shoulder of the cylinder?	A-4						
6. Are the lead wire/tamper seals in place?	A-4						
C. REMOTE PULL BOXES:	5553/001						
1. Does the latch release/ pull box door have freedom of movement?	S-4R						

REMARKS:

ASSESSOR(S):_____ DATE: _____