

PPE Inspection Cold Weather PPE

Member Name: _____ Member Number: _____

Dist: _____ Div: _____ Flotilla: _____ Date of Inspection: _____

1. This list is for all Auxiliary Cold Weather Issued PPE.
2. All Cold Weather PPE shall be issued IAW **MPC KB0045.0**. *When performing inspections, the applicable MPC for each piece of PPE gear MUST be used.*
3. Maritime Cold Weather Suit System (MCWSS) is comprised of ALL the gear listed below and is worn as a three-layer system consisting of: Cold Weather (1) Layer I – Light and/or medium weight moisture wicking thermal Suit System underwear worn directly against the skin. (02) Layer II – Light and/or medium weight moisture wicking worn over the first layer. (03) Layer III – The primary dry suit worn over the first two layers by Auxiliary personnel when operating in conditions requiring dry suit use. Personnel shall wear Layer I and Layer II thermal underwear as part of the dry suit, unless water temperatures exceed 60 degrees, in which case personnel may wear, in lieu of Work Uniform, a Dry Suit with Layer I or Layer II (wearing both Layer I and II are not required in this instance).

Cold Weather Gear See paragraph 3 above about MCWSS description.	Is Gear Issued?	Correct Make/Model	Inspection Performed	*Any Discrep	Comments *(Comments required for any discrepancy) Additional sheets of paper may be used
Dry Suit (Layer 3)(Semi-Annual) ONLY authorized Make/Model: Mustang/MSD638v34 (male) Mustang/MSD639v34 (female)	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Layer 1 (Annual)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Layer 2 (Annual)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Neoprene Hood (Annual)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Thermal Socks (Annual)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Glove system layer 1 (Annual)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Glove system layer 2/3 (Annual)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Insulated Boots (Annual)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Balaclava (Annual)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Watch Cap (Annual)	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	