

# PPE Inspection Standard Issued PPE

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Dist: \_\_\_\_\_ Div: \_\_\_\_\_ Flotilla: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_

1. This list is for all Auxiliary Standard Issued PPE.
2. All Standard Issue PPE shall be issued IAW **MPC KB0026.0**. *When performing inspections, the applicable MPC for each piece of PPE gear MUST be used.*

Standard Issued Gear	Gear Issued?	Correct Make/ Model	Inspection Performed	*Any Discrep	Comments *(Comments required for any discrepancy.) Additional sheets of paper may be used
<b>*Mandatory issue for all Boat Crew personnel performing on the water operations.</b>					
<b>*Type III PFD (Semi-annual)</b> <b>ONLY authorized Make/Model below.</b> Any unauthorized Make/Model must be removed from service.					
Mustang / MV1254v34	<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	
Stearns / 29/80	<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	
<b>*Gear Bag (Annual)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>*Gloves (Annual)</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>*Survival Gear (Semi-Annual)</b> (Strobe light, whistle, knife, mirror)	<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	
<b>*PLB (Semi-Annual)</b> 1) Please indicate PLB Make/Model in Comments. 2) Verify monthly test is being performed via monthly tracking record.	<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	
<b>Optional gear below based on CG or District policy</b>					
<b>Survival Equipment Pouch (Semi-Annual)</b>	<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	
<b>Boat Crew Survival Vest (Semi-Annual)</b>	<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	
<b>Float Coat (Semi-Annual)</b> <b>ONLY authorized Make/Model:</b> Mustang / MJ6214v34	<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	
<b>Inflatable PFD (Semi-Annual)</b> <b>ONLY authorized Make/Model:</b> Mustang / MD3183v34	<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	
<b>Anti-Exposure Coveralls (AEC) (Semi-Annual)</b> <b>ONLY authorized Make/Model:</b> Mustang / MS2175v34	<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	
<b>Rain Gear (Annual)</b> <b>Make/Model: Raintec / 610-A</b>	<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	
<b>Helmet (Semi-Annual)</b> <b>Please indicate Make/Model in Comments.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	