1. NAME	2. RANK	3. ORGANIZATION

4. ANNUAL FITTING	5. HELMET TYPE	6. SIZE	7. OXYGEN MASK TYPE	8. SIZE

9. HELMET AND OXYGEN MASK/CONNECTOR INSPECTION RECORD

INSPECTION DATE *a*	REMARKS *b*	NAME *c*	NEXT INSPECTION DUE *d*

10. HELMET AND MASK REPAIR DATA			11. TECHNICAL INSPECTION		
DATE *a*	INITIALS *b*	COMPONENT REPAIR/REPLACE *c*	DATE *a*	INITIALS *b*	REMARKS *c*

DA FORM 2408-22, DEC 91

EDITION OF DEC 84 IS OBSOLETE

HELMET AND OXYGEN MASK/CONNECTOR INSPECTION RECORD

For use of this form, see DA PAM 738-751; the proponent agency is DCSLOG

USAPPC V1.00

9. HELMET AND OXYGEN MASK/CONNECTOR INSPECTION RECORD			
INSPECTION DATE *a*	REMARKS *b*	NAME *c*	NEXT INSPECTION DUE *d*

10. HELMET AND MASK REPAIR			11. TECHNICAL INSPECTION		
DATE *a*	INITIALS *b*	COMPONENT REPAIR/REPLACE *c*	DATE *a*	INITIALS *b*	REMARKS *c*

REVERSE OF DA FORM 2408-22, DEC 91

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