



भारत सरकार  
Government of India  
श्रम एवं रोजगार मंत्रालय  
Ministry of Labour & Employment  
खान सुरक्षा महानिदेशालय  
Directorate General of Mines Safety



No. DGMS Circular (Tech. ) No. 02

/Dhanbad, dated 21<sup>st</sup> Jan, 2016

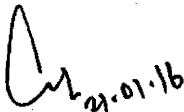
**All Owners/Agents/Managers of belowground coal and metal mines and Superintendents of rescue stations.**

**Subject: Periodic testing of breathing apparatus, reviving apparatus etc. maintained at rescue stations and rescue rooms.**

Rescue equipment like breathing apparatus, reviving apparatus etc. are statutorily required to be maintained in the rescue stations and the rescue rooms. These equipment need to undergo periodic testing at intervals of one month or at shorter intervals as may be mentioned by the manufacturers in accordance with Schedule IV of the Mines Rescue Rules, 1985 or its revised versions. Records of such testing(s) are to be maintained in the rescue stations and rescue rooms. As required under Rule 12 (2) (a) of the above rules, the Superintendent shall ensure that such equipment and apparatus are maintained in perfect working order. Also Rule 13 of the above rules requires the Instructors to make inspections, tests and adjustments of the equipment and apparatus under the direction of the Superintendent and maintain records thereof.

In order to bring uniformity in the system of maintaining records of periodic testing of breathing apparatus, a format has been developed which is given at Annexure-I. In the enclosed format, every entry of test results of every apparatus shall end with the remarks "fit for use", if found so. Every such record shall be signed by the person who has performed the test and countersigned by the Instructor, Rescue Room Incharge and Superintendent of the rescue station.

In addition to this, in every rescue station and rescue room, there shall be maintained a record signed by the Superintendent in the proforma given at Annexure-II certifying that the particular breathing apparatus is in maintained in perfect working order. Such records shall be updated at least one in every quarter based on the results of the latest tests or at interval as may be prescribed.



Director General of Mines Safety

Name of the Company \_\_\_\_\_

Mines Rescue Station/Room \_\_\_\_\_

## Testing Report of Self Contained Breathing Apparatus

Name of the Apparatus \_\_\_\_\_ Set No. \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_

(1) Apparatus Identification No.	(2) O <sub>2</sub> Cylinder; Pressure Reducer, Display Unit Identification Nos. (Mention identification No. if any)	(3) Visual Inspection (In order/ Not in Order)	(4) *Battery Charge Test (if applicable)	(5) Condition of Face Mask/ Mouthpiece (In order/ Not in Order)	(6) *Alarm System Test (if applicable)	(7) *Residual Pressure Warning Test (if applicable)	(8) *High Pressure Leakage Test	(9) *Constant Flow Test (LPM)	(10) *Demand Valve/ Minimum Valve Test	(11) * Relief Valve Test /Vent Valve Test	(12) *By Pass Valve Test/ Manual Booster Valve Test	(14) Pressure in O <sub>2</sub> Cylinder (Bar) and Identification No. of the Mother Cylinder from which it is filled	(15) Date of filling of CO <sub>2</sub> Absorbent and Batch No. of the Absorbent.	(16) *Low Pressure Leakage Test /Positive Pressure Leakage Test	(17) *Negative Pressure Leakage Test (if applicable)	(18) *Inhalation Valve Test	(19) *Exhalation Valve Test	(20) *Drainage Valve Test (if applicable)	(21) Fit for use (Yes/ No)	

Tested By


(Signature &amp; Name)

(Signature of the Instructor/Rescue Room Incharge)

(Signature of the Superintendent)

Note- \* Manufacturer's criterion prescribed for the test parameters to be mentioned.

A separate record indicating the purity of oxygen filled in the mother cylinder(s) to be maintained.

  
 21.01.2016


**Certificate of Fitness to be issued on or before 7<sup>th</sup> day of every month**

This is to certify the following equipment in the mines rescue stations/ rescue rooms and rescue rooms (whichever is applicable) as per Schedule I, II or III respectively of the Mines Rescue Rules, 1985 are maintained in perfect working order as per the tests conducted in accordance with criteria and procedure prescribed by the manufacturers on the dates given against each of them:

Sl. No.	Name & Identification No. of the equipment	Make	Date of Testing

Date: \_\_\_\_\_

Signature of Superintendent  
Mines Rescue Station, \_\_\_\_\_  
M/s \_\_\_\_\_

  
21.01.2016