



SPERIAN WARRIOR UAC INSPECTION FORM

This form is to be used to document the Spierian Warrior UAC inspection as outlined in the attached Spierian Important Safety Notice. Please fill out the following information. Please print clearly.

Date: _____

Department Name or Company Name: _____

Contact Name: _____

Address: _____
(Must be a physical address; no P.O. Box)

Phone Number: () _____

Spierian Warranty Service Center (if inspection/lubrication was performed by them; otherwise write "N.A."):

- Number of Warrior UAC fittings inspected: _____
- Number of Warrior UAC pins removed, lubricated, tested and reinstalled _____
- Number of Warrior UAC pin and cap assemblies to be replaced because the pins were not able to be removed from the UAC coupling _____

Please fax this form to: **Spierian Respiratory Protection Technical Services Department** at **(800) 201-4407**.