



## SPERIAN WARRIOR UAC INSPECTION FORM

This form is to be used to document the Sperian Warrior UAC inspection as outlined in the attached Honeywell Important Safety Notice Update. 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: (    ) \_\_\_\_\_

Sperian 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: **Sperian Respiratory Protection Customer Support** at **(800) 201-4407**.