



# P.P.E. INSPECTION FORM

## ENERGY ABSORBER

MODEL :

SERIAL N°/TEXTILE PART:

SERIAL N°/METALLIC PART :

User Identity

Name :

Address :

### HISTORICAL CHECK

Year of manufacture:

Date of purchase:

Date of first use:

The results of this P.P.E. inspection are provided to you subject to the condition that the components to be inspected do not come into any of the categories listed below, any of which would require the systematic rejection of the component, namely:

- Component has received forces resulting from a fall of factor 1 or more.
- Component has had more than 6 months of intensive use, 12 months of normal use, 3 years of occasional use.
- Product is more than 10 years old.

The inspector accepts no responsibility in the case of omission or inaccuracy in the information concerning the checking of the component's history, which must be done by the client.

### VISUAL CHECK OF SAFETY COMPONENTS

		C	G	TM	TR	R
TEXTILE PART:	- Condition of the rope (cuts, wear, burns, soft spot) - Condition of webbing (cuts, wear, burns) - Condition of stitchings (threads cut, torn, pulled, worn)					
METALLIC PART:	- Condition of the body (deformed, corroded) - Condition of connectors (see on FORM CONNECTOR)					

### CHECK OF THE COMFORT COMPONENTS

	C	G	TM	TR	R
- Condition of the protection components (strings, stitching protectors, protective cover)					
- Condition of the fixing system of the absorber part					

### COMPATIBILITY CHECK

	C	G	TM	TR	R
- Compatibility with the connector					

### OPERATIONAL CHECK

	C	G	TM	TR	R
Check of function of absorber					

C: Comment (See below) / G: Good / TM: To Monitor / TR: To Repair / R: Reject

### COMMENTS

**VERDICT: (tick)** The product is fit to remain in service

The product is unfit to remain in service

Date of inspection:

Date of next inspection:

### IDENTIFICATION and SIGNATURE of INSPECTOR:

NAME:

ADDRESS:

SIGNATURE OF INSPECTOR: