



P.P.E. INSPECTION FORM

**CLASS B
TRANSPORTABLE
TEMPORARY
ANCHOR DEVICE**

MODEL : _____
SERIAL N°/TEXTILE: _____

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, 10 years of occasional use.

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 CHECKING OF THE SAFETY COMPONENTS

		C	G	TM	TR	R
TEXTILE PART:	- Condition of webbing (cuts, wear, burns) - Condition of stitching (broken, pulled, or worn threads)					
METALLIC PART:	- Condition of anchor-rings (deformation, marks, cracks, wear, corrosion) - Condition of the adjustment buckles (deformation, marks, cracks, wear, corrosion)					

OPERATIONAL CHECK

Operation of adjustment system.		C	G	TM	TR	R

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: _____

