P.P.E. INSPECTION FORM

ROPE

MODEL:

SERIAL N°:

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:

- Product has received forces resulting from a fall of factor 1 or more.
- Product has had more than 3 months to 1 year of intensive use, 2 to 3 years of normal use, 4 to 5 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.

CHECKING OF THE SAFETY COMPONENTS	C	G	TM	TR	R
- Condition of the sheath (cuts, wear, stiff, fuzzy, bulging, burns, traces of dangerous chemicals)					
- Tactile check of the core (stiff spot, soft spot, pronounced kink)					
- Condition of the stitching at sewn terminations (threads that are cut, torn, pulled, worn)					
- Condition of knots (shape, wear)					
- Check the length					
CHECKING OF THE OTHER COMPONENTS	C	G	TM	TR	R
- Condition of the protective components (stitching protection on sewn terminations, knot protection)					

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: