



P.P.E. INSPECTION FORM

User Identity

MOBILE FALL ARRESTER

MODEL :

Name :

SERIAL N°:

Address :

HISTORICAL CHECK

Year of manufacture:

Date of purchase:

Date of first use:

These PPE inspection results are valid only if neither of the following conditions are true of the equipment to be inspected:

- Product has stopped a fall of factor 1 or more.
- Product is more than 10 years old

The inspector declines all responsibility for inaccuracy in the information concerning the historic verification that must be done by the user.

VISUAL VERIFICATION OF THE SAFETY ELEMENTS

Condition of the body, attachment holes (cracks, marks, deformation, wear, corrosion)

Condition of the articulated arm (cracks, marks, deformation, corrosion)

Condition of the anti-return stop (marks, deformation)

Condition of the locking wheel (worn, fouled, or missing teeth)

Condition of the spring (breaks, cracks, deformation, corrosion, contamination by foreign objects)

Condition of the protective cover (cracks, contamination by foreign objects)

Compatibility and condition of the connector (see connector form)

C G TM TR R

FUNCTIONAL TEST

Effectiveness of the articulated arm return spring (return strength and mobility)

Turn the locking wheel through a complete 360° rotation in both directions
The wheel should turn smoothly, without catching

The ASAP should slide easily up and down the rope

Fall arrest function: the fall distance of a 5 kg mass falling from the height of the carabiner must be less than 0.5 m.
(Unlock the locking wheel)

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: _____