

DESCENDER

Indice 1 du 01 07 09

PPE Inspection form

User:	Company name:	
Model:	Company address:	
Serial No: (batch number)	Unique ID: (your marking)	
Year of manufacture:	Comments:	
Date of first use:	Date of purchase:	

The inspection of this product should be done with the manufacturer technical notice

Historical Check:

The results of this PPE 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 systematic rejection of the component, namely:

- Component has undergone modification or alteration outside the manufacturer's production units. Component has received forces from a fall of factor 1 or more.
- Component has been used in temperatures of less than -40 °C or greater than +80 °C.
- Component has exceeded it's lifetime.
- The product has been in contact with chemicals.

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

Visual check of safety components		G	TM	TR	R
Condition of the fixed and moving side pieces (cracks, marks, wear, deformation, corrosion)					
Condition of the friction components: cam groove – friction pin – friction runner					
Condition of the handle (marks, deformation, cracks, wear, corrosion)					
Condition of the locking components (safety catch, rivets, locking pins, screws, bolts)					
Operational check		G	TM	TR	R
Effectiveness of the return spring of the cam, safety catch, and anti-error catch					
Ease of opening and closing of the moving side piece					
Operational test on the rope (braking, work positioning function, anti-panic function)					

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

Verdict (tick)								
This product is fit to remain in service (PASS)		This product is unfit to remain in service (FAIL)						
Date of inspection:		Date of next inspection:						
Inspected by: (name)		on behalf of: (company)						
Signature:								