



ANCHOR SLING

E02 bh
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	C	G	TM	TR	R
Condition of the webbing (cuts, wear, burns, marks, chemical contamination)					
Condition of load-bearing stitching (cut, worn, torn or pulled threads)					
Condition of metal pieces (deformation, marks, cracks, wear, corrosion)					
Condition of the adjustment buckles (deformation, marks, cracks, wear, corrosion)					
Check of comfort components	C	G	TM	TR	R
Condition of the protection components (string, protective cover)					
Compatibility check	C	G	TM	TR	R
Condition and compatibility of the connector (see connector form)					
Operational check	C	G	TM	TR	R
Operation of adjustment system					
Check of the locking system					

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

Comments :

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Verdict (tick)

This product is fit to remain in service (PASS) <input type="checkbox"/>		This product is unfit to remain in service (FAIL) <input type="checkbox"/>	
Date of inspection:		Date of next inspection:	
Inspected by: (name)		on behalf of: (company)	
Signature:			