

ASCENDERS INDIVIDUAL EVIDENCE SHEET

USER:				
CONTROL NUMBER OF PPE:				
IDENTIFICATION OF THE DOS AND THE SOCIAL PROPERTY.				
IDENTIFICATION OF THE PPE AND THE PRODUCT HISTORY: MANUFACTURER:				
TYPE (MODEL):				
UNIQUE PRODUCTION NUMBER:	TE OF DURGUASE DATE OF THE FIRST HEE			
DATE OF MANUFACTURE: DA	ITE OF PURCHASE, DATE OF THE FIRST USE:			
VISUAL AND TACTILE INSPECTION - body, cam, rivet:		~	×	Т
		FIT FOR USE	RETIRE	SEE THE NOTES
COMPLETENESS, ORIGINAL SHAPE		\circ	0	0
WEAR, LOSS OF MATERIAL		\circ	0	0
NICKS, CRACKS, SHARP EDGES		0	0	0
CORROSION, OXIDATION		0	0	0
FUNCTION CHECK:				
FUNCTION OF THE CAM AND THE RETURN SPRING		0	0	0
FUNCTION OF THE CATCH RETURN SPRING		0	0	0
FUNCTION OF THE SAFETY CATCH OPENING THE CAM		\circ	0	0
FUNCTIONING OF THE ASCENDER ON ROPE		0	0	0
VERDICT:				
IF ANY OF THE INSPECTION ITEMS HAS "RETIRE" AS A RESULT, IT IS NO THE PRODUCT ANYMORE	T POSSIBLE TO USE	0	0	
NOTES: please, enter the description, for example which part has to be cl the product	osely observed during the use and the future i	nspections, what v	was the reason	for retiring
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DATE AND TIME OF THE INSPECTION:	INSPECTED BY:			
DATE OF THE NEXT INSPECTION:				
CONTACT:				
name:				
address:				
mobile phone: email:	 signature:			
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