

USER:				
CONTROL NUMBER OF PPE:				
IDENTIFICATION OF THE PPE AND THE PRODUCT HISTORY: MANUFACTURER:				
TYPE (MODEL):				
UNIQUE PRODUCTION NUMBER:				
DATE OF MANUFACTURE: DA	ATE OF PURCHASE, DATE OF THE FIRST U	SE:		
VISUAL AND TACTILE INSPECTION - body, axle, rivet, brake handle:		FIT FOR USE	RETIRE	T SEE THE NOTES
COMPLETENESS, ORIGINAL SHAPE		0	$\bigcirc$	0
WEAR, LOSS OF MATERIAL		0	0	0
NICKS, CRACKS, SHARP EDGES		$\bigcirc$	$\bigcirc$	$\bigcirc$
CORROSION, OXIDATION		0	$\bigcirc$	0
FUNCTION CHECK:				
FUNCTION OF THE MOVING SIDE PLATE AND ITS SAFETY GATE (SIR, INDY	EVO)	0	$\bigcirc$	$\bigcirc$
FUNCTION OF THE BRAKE HANDLE SPRING (SIR, DOUBLE STOP)		0	$\bigcirc$	$\bigcirc$
FUNCTIONING OF THE DESCENDER ON ROPE		0	$\bigcirc$	$\bigcirc$
VERDICT: IF ANY OF THE INSPECTION ITEMS HAS "RETIRE" AS A RESULT, IT IS NC THE PRODUCT ANYMORE	DT POSSIBLE TO USE	0	$\bigcirc$	
NOTES: please, enter the description, for example which part has to be cl the product	osely observed during the use and the	future inspections, what	was the reason	for retiring
DATE AND TIME OF THE INSPECTION:	INSPECTED BY:			
DATE OF THE NEXT INSPECTION:				
CONTACT:				
name:				
address:				
mobile phone:				
email:	signature:			