

FALL ABSORBERS

INDIVIDUAL EVIDENCE SHEET

USER: CONTROL NUMBER OF PPE:				
IDENTIFICATION OF THE PPE AND THE PRODUCT HISTORY: MANUFACTURER:				
TYPE (MODEL):				
UNIQUE PRODUCTION NUMBER:				
DATE OF MANUFACTURE:	DATE OF PURCHASE, DATE OF THE FIRST USE:			
VISUAL AND TACTILE INSPECTION OF THE FALL ABSORBER:		FIT FOR USE	RETIRE	T SEE THE NOTES
CHECKING THE SAFETY STITCHING		0	0	0
CHECKING THE STRAPS		0	0	0
CHECKING THE NON-REMOVABLE TEXTILE COMPONENTS		0	0	0
CHECKING THE NON-REMOVABLE CONNECTORS AND METAL COMPONENTS		0	0	0
FALL ABSORPTION FUNCTION CHECK:				
THE "REACTOR" FALL ABSORBER		0	0	0
THE "JOULE" FALL ABSORBER		0	0	0
VERDICT: IF ANY OF THE INSPECTION ITEMS HAS "RETIRE" AS A RESULT, IT IS NOT POSSIBLE TO USE THE PRODUCT ANYMORE		0	0	
NOTES: please, enter the description, for example which part has the product	to be closely observed during the use and the future	inspections, what	was the reason	for retiring
DATE AND TIME OF THE INSPECTION: DATE OF THE NEXT INSPECTION:	INSPECTED BY:			
CONTACT:				
name:				
address:				
mobile phone: email:	signature:			

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