

HARNESSES 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 PUR	CHASE, DATE OF THE FIRST USE:			
VISUAL AND TACTILE INSPECTION OF THE SAFETY STITCHING AND STRAPS:		FIT FOR USE	X RETIRE	T SEE THE NOTES
CHECKING THE SAFETY STITCHING		0	0	0
CHECKING THE STRAPS		0	0	0
CHECKING THE NON-STRENGTH TEXTILE COMPONENTS		0		\circ
CHECKING THE NON-REMOVABLE METAL COMPONENTS		\circ	\circ	\circ
CHECKING THE CHEST/SEAT HARNESS CONNECTOR (if there is any)		0	0	0
FUNCTION CHECK:				
FUNCTION OF THE SPEED BUCKLES		0	0	0
FUNCTION OF THE ADJUSTMENT BUCKLES AND THEIR PROPER THREADING		0	0	0
VERDICT: IF ANY OF THE INSPECTION ITEMS HAS "RETIRE" AS A RESULT, IT IS NOT POSSIBL THE PRODUCT ANYMORE	.E TO USE	0	0	
NOTES: please, enter the description, for example which part has to be closely obse the product	rved during the use and the future i	nspections, what v	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:			

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