

## HELMETS 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 - shell, headband, headlamp clips,	buckle, chin strap, sizing mechanism:	FIT FOR USE	X RETIRE	T SEE THE NOTES
COMPLETENESS, ORIGINAL SHAPE AND COLOUR		0	0	0
INTEGRITY OF THE HELMET		0	0	0
NICKS, CRACKS		$\circ$	$\circ$	$\circ$
CHEMICAL DAMAGE		0	0	0
FUNCTION CHECK:		$\circ$	$\circ$	$\circ$
FUNCTION OF THE SIZING MECHANISM		0	0	0
FUNCTION OF THE CHIN STRAP AND BUCKLE		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 to be the product	e closely observed during the use and the future	inspections, what	was the reason	for retiring
	INCRECTED BY			
DATE AND TIME OF THE INSPECTION:  DATE OF THE NEXT INSPECTION:	INSPECTED BY:			
CONTACT:				
name:				
address:				
mobile phone:				
email:	signature:			

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