

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 P	PURCHASE, DATE OF THE FIRST USE:			
VISUAL AND TACTILE INSPECTION - body, cam, rivet, parking cam:		FIT FOR USE	RETIRE	T SEE THE NOTES
COMPLETENESS, ORIGINAL SHAPE, CHANGE OF COLOUR		0	0	0
WEAR, LOSS OF MATERIAL		0	0	$\bigcirc$
NICKS, CRACKS, SHARP EDGES, BURRS		0	$\bigcirc$	$\bigcirc$
CORROSION, OXIDATION		0	$\bigcirc$	$\bigcirc$
FUNCTION CHECK				
FUNCTION OF THE CAM AND THE RETURN SPRING		$\bigcirc$	$\bigcirc$	$\bigcirc$
FUNCTION OF THE PARKING CAM ON ROPE		$\bigcirc$	$\bigcirc$	0
FUNCTIONING OF THE FALL ARRESTER ON ROPE		$\bigcirc$	$\bigcirc$	0
VERDICT: IF ANY OF THE INSPECTION ITEMS HAS "RETIRE" AS A RESULT, IT IS NOT POSSIBLE TO USE THE PRODUCT ANYMORE.		$\bigcirc$	$\bigcirc$	
NOTES: please, enter the description, for example which part has to be closely of the product	bserved 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:			