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 SAFETY STITCHING:	✔ FIT FOR USE	✘ RETIRE	T SEE THE NOTES
CHEMICAL DAMAGE	○	○	○
GLOSSY SURFACE	○	○	○
BROKEN THREAD	○	○	○
FUZZINESS OF THE STITCHING	○	○	○
UNDONE STITCH	○	○	○
LOOSE STITCH	○	○	○
VISUAL AND TACTILE INSPECTION OF THE STRAPS:	○	○	○
CHEMICAL DAMAGE	○	○	○
GLOSSY SURFACE	○	○	○
BROKEN OR WORN FIBERS	○	○	○
FUZZINESS OF THE STRAP	○	○	○
VISUAL AND TACTILE INSPECTION OF THE METAL COMPONENTS (IF THESE ARE PART OF THE SLING):	○	○	○
COMPLETENESS, ORIGINAL SHAPE	○	○	○
WEAR, LOSS OF MATERIAL	○	○	○
NICKS, CRACKS, SHARP EDGES	○	○	○
CORROSION, OXIDATION	○	○	○

VERDICT:

IF ANY OF THE INSPECTION ITEMS HAS "RETIRE" AS A RESULT, IT IS NOT POSSIBLE TO USE THE PRODUCT ANYMORE.   ○   ○

NOTES: please, enter the description, for example which part has to be closely observed during the use and the future inspections, what was the reason for retiring the product

DATE AND TIME OF THE INSPECTION: INSPECTED BY:

DATE OF THE NEXT INSPECTION:

CONTACT:

name:

address:

mobile phone:

email: signature: