ASCENDERS

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 - body, cam, rivet:	✓ FIT FOR USE	✗ RETIRE	T SEE THE NOTES
COMPLETENESS, ORIGINAL SHAPE	○	○	○
WEAR, LOSS OF MATERIAL	○	○	○
NICKS, CRACKS, SHARP EDGES	○	○	○
CORROSION, OXIDATION	○	○	○
FUNCTION CHECK:			
FUNCTION OF THE CAM AND THE RETURN SPRING	○	○	○
FUNCTION OF THE CATCH RETURN SPRING	○	○	○
FUNCTION OF THE SAFETY CATCH OPENING THE CAM	○	○	○
FUNCTIONING OF THE ASCENDER ON ROPE	○	○	○
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: