P.P.E. INSPECTION FORM

BELAY DEVICE

MODEL :

SERIAL N° :

User Identity:

Name:

Address:

HISTORICAL CHECK

Year of manufacture:	Date of purchase:	Date of first use:

The results of this P.P.E. inspection are provided to you subject to the condition that the components to be inspected do not come into any of the categories listed below, any of which would require the systematic rejection of the component, namely:

- Component has received forces resulting from a fall of factor 1 or more.
- Product is more than 10 years old.

The inspector accepts no responsibility in the case of omission or inaccuracy in the information concerning the checking of the component's history, which must be done by the client.

VISUAL CHECK OF THE SAFETY COMPONENTS	C	G	TM	TR	R
- Condition of the fixed and moving side pieces (marks, deformation, cracks, wear, corrosion)					
- Condition of the friction components : cam - friction plate (marks, deformation, cracks, wear)					
- Condition of the handle (marks, deformation, cracks, wear, corrosion)					
- Condition of the locking components (riveting, screws)					
OPERATIONAL CHECK	C	G	TM	TR	R
- Effectiveness of the return spring of the cam					
- Effectiveness of the return spring of the handle					
- Ease of opening and closing of the moving side piece					
- Operational test on the rope					

C: Comment (See below) / **G:** Good / **TM:** To Monitor / **TR:** To Repair / **R:** Reject

COMMENTS

VERDICT: (tick) The product is fit to remain in service		The product is unfit to remain in service		
Date of inspection:		**Date of next inspection:**		

IDENTIFICATION and SIGNATURE of INSPECTOR:

NAME: ADDRESS: SIGNATURE OF INSPECTOR:

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