



P.P.E INSPECTION FORM

User Identity

HELMET

MODEL :

Name

SERIAL N° :

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:

- Helmet has received a significant impact force.
- 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 CHECKING OF THE SAFETY COMPONENTS

Condition of the exterior of the shell: wear, cracks, marks, deformation, burns, traces of chemical substances, other.

Condition of the interior of the shell: wear, cracks, marks, deformation, burns, traces of chemical substances, other.

Condition of the cradle, headband, webbing, stitchings, moulded parts, fastening buckles.

Condition of the fixing components of the cradle / headband (clips, rivets, other attachment points).

CHECK OF THE COMFORT COMPONENTS

Condition of the padding of the headband

Condition of the clips for headlamp mounting

OPERATIONAL CHECK

Operation of the headband adjustment

Operation of the nape strap adjustment

Operation of the forward/rearward adjustment of the chin strap

Operation of the opening, closing and the adjustment of the chin strap

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: _____