



P.P.E. INSPECTION FORM

LANYARD

MODEL :

SERIAL N°/TEXTILE PART:

SERIAL N°/METALLIC PART :

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.
- Component has had more than 6 months of intensive use, 12 months of normal use, 10 years of occasional use.

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 SAFETY COMPONENTS

		C	G	TM	TR	R
TEXTILE PART:	- Condition of the rope or webbing (cuts, wear, burns) - Condition of stitching (threads cut, torn, pulled, worn)					
METALLIC PART:	- Condition of the side-pieces (deformed, marked, cracked, worn, corroded) - Condition of the friction components: cam groove, areas where the rope rubs) - Condition of the locking components (rivets, screws) - Free rotation of the moving parts					

CHECK OF THE COMFORT COMPONENTS

	C	G	TM	TR	R
- Condition of the comfort components (string, stitching protectors, rope protectors)					

COMPATIBILITY CHECK

	C	G	TM	TR	R
- Compatibility of the lanyard with the metallic part (rope Ø - length)					
- Compatibility with the connectors					
- Condition of the connectors (see connector form)					

OPERATIONAL CHECK

	C	G	TM	TR	R
Check of the lanyard's length adjustment system					
Check of function of connector					

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
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Date of inspection:	Date of next inspection:
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IDENTIFICATION and SIGNATURE of INSPECTOR:

NAME: _____ ADDRESS: _____ SIGNATURE OF INSPECTOR: _____
