STEEL LANYARDS

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:	✓ FIT FOR USE	✗ RETIRE	T SEE THE NOTES
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: