

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 OF THE SHEATH:	✔ FIT FOR USE	✘ RETIRE	T SEE THE NOTES
CHEMICAL DAMAGE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GLOSSY SURFACE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
SHEATH DAMAGE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FUZZINESS OF THE SHEATH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VISUAL AND TACTILE INSPECTION OF THE CORE:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FLATTENING OF THE ROPE, CHANGES OF DIAMETER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HARD SPOTS UNDER THE SHEATH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INSPECTION OF THE CORE'S INTEGRITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHECKING THE ROPE'S ENDS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VISUAL AND TACTILE INSPECTION OF THE NON-REMOVABLE COMPONENTS (IF THESE ARE PART OF THE ROPE):	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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DATE AND TIME OF THE INSPECTION:  INSPECTED BY:

DATE OF THE NEXT INSPECTION:

CONTACT:

name:

address:

mobile phone:

email:

signature: