

PULLYES 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:	OF PURCHASE, DATE OF THE FIRST USE:			
VISUAL AND TACTILE INSPECTION - body, sheave, rivet:		FIT FOR USE	RETIRE	T SEE THE NOTES
		FII FOR USE	NETINE	SEE THE NOTES
COMPLETENESS, ORIGINAL SHAPE		0	0	0
WEAR, LOSS OF MATERIAL		0	0	0
NICKS, CRACKS, SHARP EDGES		0	0	0
CORROSION, OXIDATION		0	0	0
FUNCTION CHECK:				
FUCTION OF THE MOVING SIDE PLATES		0	0	0
FUNCTION OF THE SHEAVE		0	0	0
VERDICT:		•		
IF ANY OF THE INSPECTION ITEMS HAS "RETIRE" AS A RESULT, IT IS NOT POSSIBLE TO USE THE PRODUCT ANYMORE.		0	0	
NOTES: please, enter the description, for example which part has to be close the product	ly observed during the use and the futur	e inspections, what v	vas the reason f	or retiring
DATE AND TIME OF THE INSPECTION:	INSPECTED BY:			
DATE OF THE NEXT INSPECTION:				
CONTACT:				
name:				
address:				
mobile phone:	signature:			

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