

CONTROL NUMBER OF PPE:

DATE OF MANUFACTURE: _____ DATE OF PURCHASE, DATE OF THE FIRST USE: _____

VISUAL AND TACTILE INSPECTION - body, sheave, rivet:	 FIT FOR USE	 RETIRE	 SEE THE NOTES
COMPLETENESS, ORIGINAL SHAPE			
WEAR, LOSS OF MATERIAL			
NICKS, CRACKS, SHARP EDGES			
CORROSION, OXIDATION			
FUNCTION CHECK:			
FUCTION OF THE MOVING SIDE PLATES			
FUNCTION OF THE SHEAVE			

VERDICT:

IF ANY OF THE INSPECTION ITEMS HAS "RETIRED" 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 OF THE NEXT INSPECTION:

CONTACT:

name:	
address:	
mobile phone:	
email:	signature: