



CRAMPONS

E02 bv
Index 1 dated 16 11 09

PPE inspection form

User:		Name:	
Model:		Address:	
Serial No (batch No):		Unique ID (your marking):	
Year of manufacture:		Comment:	
Date of first use:		Date of purchase:	

The inspection of this product should be done together with the manufacturer's instructions for use.

Historical check:

The results of this PPE inspection are provided subject to the condition that the components to be inspected do not belong to the categories listed below, in which case they must be systematically rejected:

- Component that has undergone modification or alteration outside the manufacturer's production units.
- Component that has received a serious impact.
- Product that has been used in temperatures below -40 °C and above +80 °C.
- Product that has exceeded the manufacturer's given lifetime.
- The product has been in contact with chemicals.

The inspector accepts no responsibility in case of omission or inaccuracy in the information concerning the historical check which must be carried out by the customer.

Visual check of safety components:

	C	G	TM	TR	R
Condition of the body (cracks, marks, deformation, wear, corrosion)					
Condition of the points (cracks, marks, deformation, wear, corrosion)					
Condition of the linking bar (cracks, marks, deformation, wear, corrosion)					
Condition of the connection system and plastic components					
Presence and check of the anti-balling system					

Operational check:

	C	G	TM	TR	R
Sharpening of the points					
Condition and function of the adjustment system					
Condition and function of the fixing system					
Compatibility of the front and back parts					
Compatibility with the footwear					

C: Comment (see below) / **G:** Good / **TM:** To be Monitored / **TR:** To be Repaired / **R:** Reject

Comments:

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This product **may** remain in service.

This product **may not** remain in service.

Date of inspection:

Date of next inspection:

Inspected by:

Company:

Signature: