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Index 1 dated 16 11 09

ICE-AXES

PPE inspection form

User:		Name:	
Model:		Address:	
Serial No (batch No):		Unique ID (your marking):	
Year of manufacture:		Comments:	
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 shaft (cracks, marks, deformation, wear, corrosion)					
Condition of the head (cracks, marks, deformation, wear, corrosion)					
Condition of the pick (cracks, marks, deformation, wear, corrosion)					
Condition of the rivets (cracks, marks, deformation, wear, corrosion)					
Check for the absence of gaps between head/shaft, pick/shaft					
Check any fixing bolts using appropriate tools where necessary					
Check condition of grip tape, handle, and any adjustable parts where present					

Operational check:

	C	G	TM	TR	R
Sharpening of the blade, pick and adze					
Condition of the holes allowing the passage of the wrist loop					
Condition of the wrist loop					
Check for correct function of the wrist loop adjustment					

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

Comments:

This product **may** remain in service.

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

Date of inspection:		Date of next inspection:	
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Inspected by:		Company:
Signature:		