



HELMET METEOR

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Indice 1 du 01 07 09

PPE Inspection form

User:		Company name:	
Model:		Company address:	
Serial No: (batch number)		Unique ID: (your marking)	
Year of manufacture:		Comments:	
Date of first use:		Date of purchase:	

The inspection of this product should be done with the manufacturer technical notice

Historical Check :

The results of this PPE inspection are provided to you subject to the condition that the components to be inspected do not come into any of the categories listed below, any of which would require systematic rejection of the component, namely:

- Component has undergone modification or alteration outside the manufacturer's production units.
- Component has received a significant impact force.
- Component has been used in temperatures of less than -30 °C or greater than +50 °C.
- Component has exceeded its lifetime.
- The product has been in contact with chemicals.

The inspector accepts no responsibility in the case of omission or inaccuracy in the information concerning the checking of the components history, which must be done by the client.

Visual check of safety components

	C	G	TM	TR	R
Condition of the exterior of the shell (cracks, marks, burns, chemical contamination)					
Condition of the interior of the shell (cracks, marks, burns, chemical contamination)					
Condition of the cradle (headband, webbing, stitching, moulded parts, buckles)					
Condition of the fixing components of the cradle / headband (clips, rivets, buckles)					

Check of comfort components

	C	G	TM	TR	R
Condition of the padding of the headband					
Condition of the clips for headlamp mounting					

Operational check

	C	G	TM	TR	R
Operation of the headband adjustment					
Operation of the forward/rearward adjustment of the chin strap					
Operation of the release, the fastening and the adjustment of the chin strap					

C: Comment (see below) / **G:** Good / **TM:** To Monitor / **TR:** To Repair / **R:** Reject

Comments :

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Verdict (tick)

This product is **fit** to remain in service (PASS) This product is **unfit** to remain in service (FAIL)

Date of inspection: Date of next inspection:

Inspected by: (name) on behalf of: (company)

Signature: