ROPE

PPE Inspection form

User:		Company name:	
Model:		Company address:	
Serial No: (batch number)		Unique ID: (your marking)	
Year of manufacture:		Comments:(length/colour)	
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 forces from a fall of factor 0.3 or more for low stretch or factor 1 or more for dynamic.
- Component has been used in temperatures of less than -40 ºC or greater than +80 ºC.
- Component has exceeded it's 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 sheath (cuts, wear, stiff, fuzzy, bulging, burns, marks, chemicals)					
Tactile check of the core (stiff spot, soft spot, pronounced kink, hernia, core visible)					
Condition of the stitching at sewn terminations (cut threads, torn, pulled)					
Condition of the knots (shape, wear)					
Check of the other components	**C**	**G**	**TM**	**TR**	**R**
Condition of the protection components (protection on sewn terminations or knots)					
End markings are present at both ends					
Check the length					

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

Comments :

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:			