



P.P.E. INSPECTION FORM

DESCENDER

MODEL : _____

SERIAL N° : _____

User Identity

Name: _____

Address: _____

HISTORICAL CHECK

Year of manufacture: _____

Date of purchase: _____

Date of first use: _____

The results of this P.P.E. 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 the systematic rejection of the component, namely:

- Component has received forces resulting from a fall of factor 1 or more.

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

VISUAL CHECK OF THE SAFETY COMPONENTS

C G TM TR R

- Condition of the fixed and moving side pieces (marks, deformation, cracks, wear, corrosion)

- Condition of the friction components (cam groove - friction pin - friction runner)

- Condition of the locking components (safety catch, riveting, side piece locking pin, bolts)

- Condition of the anti-error catch stop

OPERATIONAL CHECK

C G TM TR R

- Effectiveness of the return springs of the cam, safety catch, and anti-error catch

- Ease of opening and closing of the moving side piece

Verify that the moving side-piece cannot be closed without properly engaging the cam axle

(deformed or loose side-piece).

- Operational test on the rope (braking, work positioning function, anti-panic function)

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

COMMENTS

VERDICT: (tick) The product is fit to remain in service

The product is unfit to remain in service

Date of inspection: _____

Date du prochain contrôle: _____

IDENTIFICATION and SIGNATURE of INSPECTOR:

NAME: _____

ADDRESS: _____

SIGNATURE OF INSPECTOR: _____