

PULLYES INDIVIDUAL EVIDENCE SHEET

USER:				
CONTROL NUMBER OF PPE:				
IDENTIFICATION OF THE PPE AND THE PRODUCT HISTORY:				
MANUFACTURER:				
TYPE (MODEL)				
UNIQUE PRODUCTION NUMBER:				
DATE OF MANUFACTURE: DATE OF PURCHASE, DATE OF THE FIRST USE:				
VISUAL AND TACTILE INSPECTION - body, sheave, rivet:		FIT FOR USE	X RETIRE	T SEE THE NOTES
COMPLETENESS, ORIGINAL SHAPE		PII FOR USE	NETINE	SEE THE NOTES
WEAR, LOSS OF MATERIAL		0	0	0
NICKS, CRACKS, SHARP EDGES		0	0	0
CORROSION, OXIDATION		0	0	0
FUNCTION CHECK:				
FUCTION OF THE MOVING SIDE PLATES		0	0	0
FUNCTION OF THE SHEAVE		0	0	0
VERDICT:				
IF ANY OF THE INSPECTION ITEMS HAS "RETIRE" AS A RESULT, IT IS NOT POSSIBLE TO USE THE PRODUCT ANYMORE.		0	\circ	
NOTES: please, enter the description, for example which part has to be closely observed during the use and the future inspections, what was the reason for retiring				
the product				
DATE AND TIME OF THE INSPECTION:	INSPECTED BY:			
DATE OF THE NEXT INSPECTION:				
CONTACT:				
name:				
address:				
mobile phone:				
email:	signature:			

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