

TEST SHEET

Test sheet for periodic inspections

Product:		
Manufacturer:		
Owner / Company:		
Date of purchase:	Bought at:	Inventory no.:
<p>Periodic inspections: Have to be carried out by a COMPETENT PERSON at least once a year!</p> <p>Depending upon operating conditions examinations may be necessary in shorter time intervals than once per year.</p>		

- Please refer to the manufacturer's information in the instructions for use
- Assign an INVENTORY number to this product for easy identification
- Test reports must be available in the company and on the user's site
- Only the manufacturer is allowed to carry out any maintenance, repair and changes
- The instructions for use should accompany the protective equipment/ user

NOTE: Checks are only valid, if the PPE has not been subject to prior

- charge by a fall (factor of the fall ≥ 1)
- alterations or changes to components
- contact of textile components with chemicals
- exposure to temperatures below -40° or above 80°
- fall of metal components onto a hard surface from a height of more than 5 m

In case of false information by the user regarding the history of the product, the examiner refuses to accept any liability.

Date	Test result, notes	✓ ✘	Tester, Signature

✓ = the product can be continued to be used

✘ = the product has to be eliminated