

(1) Identification inspector and company :

* Your company name: _____

* Inspector Name: _____ *Checking Date: _____

(2) Customer Identification:

*Customer Name: _____ User Name: _____

(3) Product Identification :

* Product reference: _____ * Serial N° or Batch N°: _____

*Manufacturing Date: _____ First Use Date: _____

(4) Checkpoints :

Doc N° : **Gi** - _____ - ← *Number of Checkpoints

Checkpoint N°	No apparent defect	Important defect	Not applicable	Comments
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(5) Result:

The customer accepts to repair the above device

The customer does not accept to repair the above device

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We appreciate the trust you give us to verify your product, we inform you that the product can be used in the condition:

*Upcoming Checking Date:

____ / ____ / ____



*Inspector Signature:

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We appreciate the trust you give us to verify your product, however we can not give a favorable agreement to its use for the reasons below:

A - Following the inspection carried out above the product is not usable as it is

B- Equipment not designed for fall arrest (P.P.E.)

C - Equipment does not comply with standards

D -We are not authorized by the manufacturer to verify the product

*Inspector Signature:

If the test result is associated with points A, B, C, D or E, company Kratos Safety declines all liability for accidents that occur following the use of a product.

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