



# Manual BELAY DEVICE

E02 bs

Index 1 dated 16 11 09

## Inspection form

User:		Company name:	
Model:		Address:	
Serial No (batch No):		Unique ID (your marking):	
Year of manufacture:		Comments:	
Date of first use:		Date of purchase:	

**The inspection of this product should be done together with the manufacturer's instructions for use.  
This equipment is not a PPE.**

### Historical check:

The results of this PPE inspection are provided subject to the condition that the components to be inspected do not belong to the categories listed below, in which case they must be systematically rejected:

- Component that has undergone modification or alteration outside the manufacturer's production units.
- Component that has received a serious impact.
- Product that has been used in temperatures below -40 °C and above +80 °C.
- Product that has exceeded the manufacturer's given lifetime.

The inspector accepts no responsibility in case of omission or inaccuracy in the information concerning the historical check which must be carried out by the customer.

### Visual check of safety components:

	C	G	TM	TR	R
Condition of the body (wear, corrosion, marks, deformation, cracks)					
Condition of the friction components: braking grooves (wear, corrosion, marks, deformation, cracks)					
Condition of the connection holes					
Condition of the captive cable					

### Operational check:

	C	G	TM	TR	R
Operational test on the rope – check all modes					

**C:** Comment (see below) / **G:** Good / **TM:** To be Monitored / **TR:** To be Repaired / **R:** Reject

### Comments:

### Verdict (tick):

This product <b>may</b> remain in service.	<input type="checkbox"/>	This product <b>may not</b> remain in service.	<input type="checkbox"/>
Date of inspection:		Date of next inspection:	
Inspected by:		Company:	
Signature:			