

DEVICE PERIODIC CHECK SHEET

DEVICE IDENTIFICATION SHEET	
Trademark	Climbing Technology
Manufacturer	Aludesign S.p.a. - Via Torchio 22 - 24034 Cisano B.sco (Bg) Italy
Product (type, model, code)	
User (company, name and address)	
Serial number	
Month and year of manufacture	/
Purchase date	/ /
Date of first use	/ /
Expiry date	/ /
Reference standards	

DEVICE PERIODIC CHECK						
<p>The Inspector assumes no responsibility for any functional impairment or structural resistance due to damage and / or tampering resulting from: an improper use of the device, an exceptional event, storage in inadequate conditions not declared by the User. For products composed of several elements individually identifiable as PPE, the inspection must be carried out on each element using the relevant and specific procedure.</p>						
1	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
2	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
3	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
4	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
5	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					

DEVICE PERIODIC CHECK SHEET

6	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
7	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
8	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
9	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
10	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
11	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
12	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
13	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					
14	O) Date / /	P) Reason for the check: periodic additional	Q) Name and signature of the person responsible for checking	history visual functional	S) Check results: device fit for use device unfit for use	T) Date of next check / /
	R) Notes (defects found, repairs performed or other relevant information)					