

(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 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

(5) Result:

The customer accepts to repair the above device

The customer does not accept to repair the above device

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:

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

* Inspector Signature:

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

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.