



HELMET INSPECTION FORMAT

INSPECTION DATE	USER ADDRESS:	EQUIPMENT NAME
DATE OF MANUFACTURE: DATE OF PURCHASE:	DD - YYYY DD - YYYY	INTERN N°: BRAND:
REFERENCE:	LOT N°:	SERIAL N°:
RULE:	DATE PUT INTO USE: DD - YYYY	CERTIFICATION:

Aspects to be inspected: Shell - Pads - Harness - Regularion system - Chinstrap - Hooks

Equipment story:

INSPECTION CRITERIA:

APTO: Equipment that according to the inspection serves to the activity, function, or serve.
NO APTO: Equipment that according to the inspection is NOT suitable for the activity, function or serve **NA.** Not applicable

1.	PRELIMINARY INFORMATION	APT	NOT APT	N/A	OBSERVATIONS
1.1	Verify the presence of the lot, series and certificate.				
1.2	Verify shelf life				
1.3	Verify alterations.				
2.	HOUSING CONDITIONS - PADS	APT	NOT APT	N/A	OBSERVATIONS
2.1	Check the condition of the casing (impacts, deformations, cracks, marks, traces of chemical products, etc.).				
2.2	Check the condition of the slots, holes, etc.				
2.3	Check the condition of the cushions (absence, broken, condition, etc.).				
2.4	Check the operating status of the ventilation system.				
3.	HARNESS CHECK	APT	NOT APT	N/A	OBSERVATIONS
3.1	Check the condition of the ropes and their anchors. (broken, burned, wear, etc.).				
4.	REGULARION SYSTEM	APT	NOT APT	N/A	OBSERVATIONS
4.1	Check the regulation system and its anchors to the hull. (wear, missing, parts, etc.).				
5.	CHINSTRAP	APT	NOT APT	N/A	OBSERVATIONS
5.1	Check the condition of the rope and regulation system				
5.2	Check the condition of the chistrap buckle				
5.3	Check the closure and adjustment of the buckle				
5.4	Others				
6.	HOOKS	APT	NOT APT	N/A	OBSERVATIONS
6.1	Check the condition of the accessory fixing hooks.				

OBSERVATIONS:

REGISTRATION COMPETENT AND/OR QUALIFIED PERSON

FIRST AND LAST NAME INSPECTOR				
SIGNATURE:		APT	<input type="checkbox"/>	
NEXT INSPECTION DATE:		NOT APT	<input type="checkbox"/>	