



BLOCKERS INSPECTION FORM

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

Aspects to be inspected: Trigger - Body - rivets - throat

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.	TRIGGER CONDITION	APT	NOT APT	N/A	OBSERVATIONS
2.1	Check for: all teeth, grooves and/or wear.				
2.2	Check the condition of the stop and its shaft.				
2.3	Check for free movement of the cam.				
2.4	Check the trigger rotation and the effectiveness of the return spring.				
2.5	Check the condition of the trigger shaft and the condition of the rivets.				
2.6	Verify the correct operation of the stop lock.				
3.	BODY CONDITION	APT	NOT APT	N/A	OBSERVATIONS
3.1	Check that the trigger and shaft are in good condition.				
3.2	Verify free movement of the trigger				
3.3	Check return spring efficiency.				
3.4	Check body weat				
3.5	Check manual opening				
3.6	Verify automatic trigger closing				
3.7	Verify that the wear of the connection hole is not more than 1 mm				
4.	CONDITIONS OF THE RIVETS	APT	NOT APT	N/A	OBSERVATIONS
4.1	Good				
4.2	Absent				
4.3	Deformed				
4.4	Other				
5.	THROAT CONDITION	APT	NOT APT	N/A	OBSERVATIONS
5.1	Weat greater than 1mm				
5.2	Appearance				
5.3	Other				

OBSERVATIONS:

REGISTRATION COMPETENT AND/OR QUALIFIED PERSON

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