



DESCENDING INSPECTION FORMAT

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

Aspects to be inspected: Body - side - plate - lever - Rivets

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.	BODY CONDITION	APT	NOT APT	N/A	OBSERVATIONS
2.1	Check the condition of the body (wear, corrosion, cracks, oxidation, deformation, marks, etc).				
2.2	Check the condition of the cam and its shaft (marks, deformations, cracks, corrosion, etc).				
2.3	Check the condition of the trigger and the effectiveness of the spring.				
2.4	Check the condition of the throat.				
2.5	Check the condition of the cam and throat.				
3.	CAM CONDITION	APT	NOT APT	N/A	OBSERVATIONS
3.1	Check the condition of the moving cam (cracks, wear, oxidation, deformation, etc.).				
3.2	Check plate displacement in both directions				
3.3	Check functioning				
4.	LEVER	APT	NO APT	N/A	OBSERVATIONS
4.1	Check the condition of the lever and its normal operation (marks, deformations, cracks...).				
5.	CONDITION OF RIVETS	APT	NOT APT	N/A	OBSERVATIONS
5.1	Good				
5.2	Absent				
5.3	Deformed				
5.4	Other				
1.	PRELIMINARY INFORMATION	APT	NOT APT	N/A	OBSERVATIONS
1.1	Verify the presence of the lot, series, and certificate				
1.2	Verify service life				
1.3	Verify alterations				

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"/>	