

# RAPTOR

## YEARLY INSPECTION REPORT

|                      |  |
|----------------------|--|
| Company name:        |  |
| Inspector:           |  |
| Date of inspection:  |  |
| Place of inspection: |  |
| Year of production:  |  |
| Batch number:        |  |

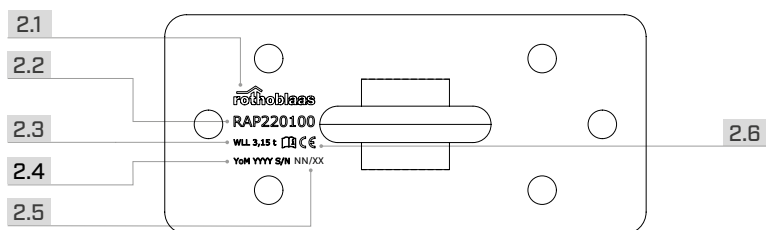


Figure 1 - Identification on the product

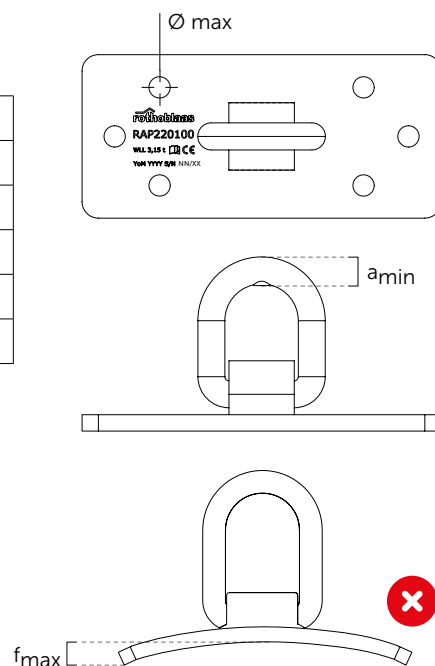


Figure 2 - RAPTOR limit dimensions

| No.                           | Inspection Criteria                                        | Result                       |                             | Need for action | Completed? | note |
|-------------------------------|------------------------------------------------------------|------------------------------|-----------------------------|-----------------|------------|------|
| TECHNICAL INSPECTION CRITERIA |                                                            |                              |                             |                 |            |      |
| 1.                            | Are all markings on the product legible?<br>(see figure 1) |                              |                             |                 |            |      |
|                               | Manufacturer's logo (No. 2.1)                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
|                               | Item code (No. 2.2)                                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
|                               | Max. Load capacity (No. 2.3)                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
|                               | Year of production (No. 2.4)                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
|                               | Batch number (No. 2.5)                                     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
|                               | CE marking (2.6)                                           | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
| 2.                            | Limit dimensions <b>check</b> (see Figure 2)               |                              |                             |                 |            |      |
|                               | • $\varnothing_{\max}$ = _____ mm $\leq$ <b>13,5 mm</b>    | <input type="checkbox"/> OK  | <input type="checkbox"/> NO |                 |            |      |
|                               | • $a_{\min}$ = _____ mm $\geq$ <b>16 mm</b>                | <input type="checkbox"/> OK  | <input type="checkbox"/> NO |                 |            |      |
|                               | • $f_{\max}$ = _____ mm $\leq$ <b>3 mm</b>                 | <input type="checkbox"/> OK  | <input type="checkbox"/> NO |                 |            |      |
| 3.                            | Are strong signs of <b>corrosion</b> present?              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
| 4.                            | Are other strong signs of wear and <b>tear</b> present?    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |

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| No.                                  | Inspection Criteria                                                                          | Result                       |                             | Need for action | Completed? | note |
|--------------------------------------|----------------------------------------------------------------------------------------------|------------------------------|-----------------------------|-----------------|------------|------|
| REQUIRED DOCUMENTATION AND WORKFLOWS |                                                                                              |                              |                             |                 |            |      |
| 5.                                   | Have any repairs been <b>made to</b> the product since the last inspection?                  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
| 6.                                   | Is the original user manual available?                                                       | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
| 7.                                   | Have all users of the product received training on proper use?                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
| 8.                                   | Are visual inspections done before each use?                                                 | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
| 9.                                   | Is the result of the last inspection available?                                              | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
| 10.                                  | Is it guaranteed that the product is inspected in an extraordinary way after special events? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
| 11.                                  | Do users know the limitations and risks of the transport hook?                               | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |
| 12.                                  | Other                                                                                        | <input type="checkbox"/> YES | <input type="checkbox"/> NO |                 |            |      |

### FINAL EVALUATION:

Inspection accepted?

|                                                                      |                                                                                                                                   |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES                                         | <input type="checkbox"/> NO                                                                                                       |
| Next inspection on:<br>(maximum one year after this the examination) | <input type="checkbox"/> Deficiencies have been eliminated<br><input type="checkbox"/> The product has been disposed of properly. |

Inspector Signature: \_\_\_\_\_