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STATEMENT OF CORRECT INSTALLATION OF FALL PROTECTION DEVICES

With regard to the installation of the anchor devices for protection against falls installed on the building located in:

Address:_____ No.:_____

City:_____ Postal Code:_____ Prov.:_____

The undersigned:

First name:_____ Last name:_____

Legal representative of the company:_____

Address of head office:_____ No:_____

City:_____ Postal Code:_____ Prov.:_____

Declares that the devices

EN 795	QUANTITY	MODEL	MANUFACTURER	SERIAL NO./YEAR
☐ TYPE A				
☐ TYPE C				
☐ TYPE D				
☐ TYPE E				

FASTENING ELEMENT	SUB-BASE SIZE/QUALITY	INSTALLATION DEPTH [mm]	Ø HOLE [mm]	TIGHTENING TORQUE [Nm]

have been correctly installed as per the indications of the manufacturer and as per the provisions of standard EN 795

The anchor devices have been positioned on the roof as per the attached plan prepared by:

Architect/Engineer/Surveyor_____

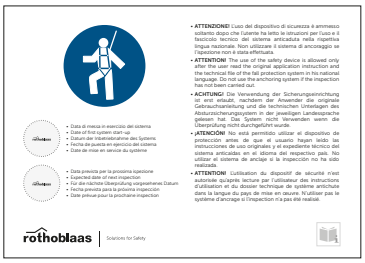
according to the instructions provided in the calculation report prepared by:

Architect/Engineer/Surveyor_____

The characteristics of the anchor device (s), the instructions regarding their correct use, the photo documentation, the inspection sheets have been filed with:

☐ the owner of the building

☐ the building manager



The notice-plate for fall protection systems is posted:

☐ Near every roof access point

☐ _____

Date of first system start-up:_____ **Date of first inspection:**_____

Date:_____ **The Installer (stamp and signature):**_____

The owner shall keep the equipment installed in good working condition in order to maintain the necessary solidity and resistance in time.
Maintenance shall be performed by qualified personnel and carried out according to the procedures and time schedules indicated by the manufacturer.

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INSPECTION REPORT

MANUFACTURER: Rotho Blaas srl - Via dell'Adige 2/1 - 39040 Cortaccia (BZ) - www.rothoblaas.com
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PROJECT

PRODUCT	SERIAL No./YEAR

DATE OF PURCHASE	DATE OF FIRST USE

PERIODIC SYSTEM INSPECTION PERFORMED ON

POINTS TO BE CHECKED	DEFECT FOUND (Defect description/ Measures taken)
DOCUMENTATION	
☐ INSTRUCTIONS FOR ASSEMBLY AND USE	
☐ STATEMENT OF CORRECT INSTALLATION	
☐ REPORTS ON FASTENING ELEMENTS	
☐ PHOTO GALLERY	
VISIBLE PARTS OF THE ANCHOR DEVICE	
☐ NO WARPING	
☐ NO CORROSION	
☐ SCREW CONNECTIONS TIGHT	
☐ STABILITY	
☐ MARKING READABLE	
ROOF WATERPROOFING	
☐ NO DAMAGE	
☐ NO CORROSION	

Inspection result:

The safety installation is compliant with the manufacturer's instructions for assembly and use and with the state of the art. It is hereby confirmed that the installation is reliable in terms of safety.

Remarks:

Expected date of next inspection: _____

Name and signature of the expert who is familiar with the safety system:

Name: _____ **Signature:** _____