rothoblaas | Solutions for Safety

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

QUANTITY	MODEL	MANUFACTURER	SERIAL NO./YEAR

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

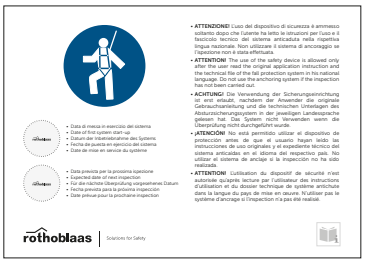
(*)To be completed only in case of direct installation on structure.

have been correctly installed as per the indications of the manufacturer and as per the provisions of standard EN353-1:2014 + A1:2017 e RfU 11.119

The characteristics of the anchor device (s), the instructions regarding their correct use, 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.

Rotho Blaas Srl
Via dell'Adige N.2/1 | I-39040, Cortaccia (BZ) | Italia | Tel: +39 0471 81 84 00 | Fax: +39 0471 81 84 84 | info@rothoblaas.com | www.rothoblaas.com

rothoblaas | Solutions for Safety

INSPECTION REPORT

MANUFACTURER: Rotho Blaas srl - Via dell'Adige 2/1 - 39040 Cortaccia (BZ) - www.rothoblaas.com
Tel: +39 0471 81 84 00 - Fax: +39 0471 81 84 84 - e-mail: info@rothoblaas.com

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	
☐ INTACT CABLE	
☐ CABLE PRELOADING (80 kg)	

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:**