

WAHR Inspection Report

ITEM		SERIAL MARK	
Manufacture date		Inspection Schedule:	
First use date			
Product lifetime			
Storage location / user		Length / size / type:	
Product description, colours and markings			

Date of inspection	Name of inspector	Condition / result	Notes	Signature	Date of next inspection

LOLER Thorough Examination Report

ITEM		SERIAL MARK	
Manufacture date*		Name/address of owner:	
First use date*			
Product lifetime*			
Storage location / user			
Product description, colours and markings			
Date of last Examination		Safe Working Load	
Type of Examination		Examination Result	
Defects found (if any):	Repairs made (if any):		
Defect is a potential danger to persons?			
Testing performed (if any)			
Date of NEXT Examination		Date of THIS Examination	
Name of Examiner		Examiner's Employer:	
Address of Examiner:			
Examiner's qualifications			
Date of this Report		Authenticating Signature	
Signed on behalf of Examiner by:			

*where known