



Installation Date:  System Type: ☐ Restraint ☐ Fall Arrest ☐

Maximum No. of Users: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐

Address / Site of Installation:

Site Safety Officer:

Telephone:

Alternative Contact:

Telephone:

**SCHEMATIC SHOULD BE PROVIDED ALONG SIDE THIS SIGN**

Application Build-Up:  Fixing Details:

Anchor Details:

Fixings per Anchor:  Forces: Tensile  kN Sheer  kN

EMERGENCY: **999** EMERGENCY ALTERNATIVE: **112** NON-EMERGENCY MEDICAL: **111** NON-EMERGENCY POLICE: **101**

Installer:

Telephone:



**PREVIOUS INSPECTIONS**

Inspector	Date	Inspector	Date

**ADDITIONAL INFORMATION CAN BE FOUND IN OPERATION & MAINTENANCE MANUAL**