

Club/Society Name: _____

Contact name: _____

Contact tel: _____ Email: _____

Date: _____ Location of assessment: _____

Item & item number: _____

Date purchased: _____ Date to be retired: _____

Checking interval: _____

- | | |
|--|--|
| 1. <input type="checkbox"/> OK / <input type="checkbox"/> Fault Date checked _____ | 2. <input type="checkbox"/> OK / <input type="checkbox"/> Fault Date checked _____ |
| 3. <input type="checkbox"/> OK / <input type="checkbox"/> Fault Date checked _____ | 4. <input type="checkbox"/> OK / <input type="checkbox"/> Fault Date checked _____ |
| 5. <input type="checkbox"/> OK / <input type="checkbox"/> Fault Date checked _____ | 6. <input type="checkbox"/> OK / <input type="checkbox"/> Fault Date checked _____ |

Item & item number: _____

Date purchased: _____ Date to be retired: _____

Checking interval: _____

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