

# 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 <input type="checkbox"/>				
TYPE C <input type="checkbox"/>				
TYPE D <input type="checkbox"/>				
TYPE E <input type="checkbox"/>				

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:**

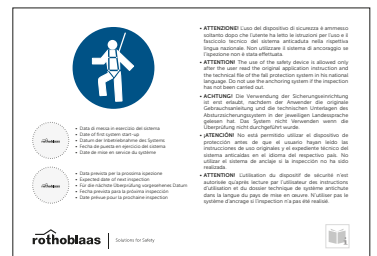
- the owner of the building
- the building manager

**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.

# 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**

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PRODUCT	SERIAL No./YEAR

DATE OF PURCHASE	DATE OF FIRST USE

**PERIODIC SYSTEM INSPECTION PERFORMED ON**

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POINTS TO BE CHECKED	DEFECT FOUND (Defect description/ Measures taken)
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**DOCUMENTATION**

<input type="checkbox"/> INSTRUCTIONS FOR ASSEMBLY AND USE	
<input type="checkbox"/> STATEMENT OF CORRECT INSTALLATION	
<input type="checkbox"/> REPORTS ON FASTENING ELEMENTS	
<input type="checkbox"/> PHOTO GALLERY	

**VISIBLE PARTS OF THE ANCHOR DEVICE**

<input type="checkbox"/> NO WARPING	
<input type="checkbox"/> NO CORROSION	
<input type="checkbox"/> SCREW CONNECTIONS TIGHT	
<input type="checkbox"/> STABILITY	
<input type="checkbox"/> MARKING READABLE	

**ROOF WATERPROOFING**

<input type="checkbox"/> NO DAMAGE	
<input type="checkbox"/> 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:

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**Expected date of next inspection:** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_