



INSPECTION FORM FOR WATER AND ICE RESCUE ROPES

Model:	_____	User identity (company)
Serial no:	_____	Name: _____
Description:	_____	Address: _____
Manufacturer:	Barry Cordage Ltd	Telephone: _____
	6110 Boul. des Grandes Prairies	Fax: _____
	Montreal, Qc, Canada H1P 1A2	E-mail: _____

Before each use, a Competent person must perform evaluation under Part A and if product is not rejected on Part A criteria, then proceed to Part B of inspection.

Part A

VERIFY THE AGE AND SERVICE LIFE OF THE PRODUCT		
Date of manufacture:	Date of purchase:	Date of first use:
Reject if the:		
<ul style="list-style-type: none"> ▪ Product has received forces resulting from a fall or <u>accidental</u> dynamic loading. ▪ Product has undergone modifications or alterations outside Barry production units. ▪ Product has been in contact with detrimental chemical products or intensive source of heat. ▪ Product is more than 10 years old. ▪ Labels or product identification are not visible or legible. ▪ Logbook of annual formal inspections is not available or current. 		

Part B

VISUAL AND TACTILE CHECK OF THE COMPONENTS			
		PASS	* FAIL
Textile Parts:	Condition of rope (cut fibers, tears, abrasions, mold, burns, discoloration, aging and excessive abrasion)		
	Condition of stitching or lashing (broken, pulled, or worn threads, other)		
Metallic Parts:	Condition of thimbles (deformation, marks, cracks, wear, corrosion, other)		
Labels / accessories:	Condition of labels and accessories		
* If fail, write a reason in comments section below			
VERIFICATION OF RESIDUAL STRENGTH (BY BARRY)		Test result:	lbf
Only destructive testing can provide information on the residual strength of the product.		Date:	Test #
COMMENTS			
VERDICT: (check)	The product is fit to remain in service	<input type="checkbox"/>	The product is unfit to remain in service
	Date of inspection:	PASS	Date of next inspection:
			FAIL
IDENTIFICATION OF INSPECTOR			
Name:	_____	Signature:	_____
Company:	_____	Title:	_____



INSPECTION LOG SHEET FOR WATER AND ICE RESCUE ROPES

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	6110 Boul. des Grandes Prairies	Fax:	_____
	Montreal, Qc, Canada H1P 1A2	E-mail:	_____

INSPECTION AND MAINTENANCE LOG		Note: Each log entry should have a corresponding inspection form	
Inspection Date	Inspection Items Noted	Corrective Action	Maintenance Performed
Approved By:	Verdict: Fit <input type="checkbox"/> Unfit <input type="checkbox"/>		
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Approved By:	Verdict: Fit <input type="checkbox"/> Unfit <input type="checkbox"/>		
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