

DEFECTIVE EQUIPMENT REPORT **Life critical category 3 PPE**



Report completed by: _____

Detection date: _____ (when did you discover the faulty item?)

Your contact details: _____

Briefly indicate your current qualifications and/or experience that may be relevant in terms of adding authenticity to your report:

1. _____
2. _____
3. _____

Faulty PPE: (describe the faulty item)

Batch code:

Serial number:

What Standards apply to this item: Eg EN, AS, ANSI, etc)

Description of fault: (clearly and succinctly describe the problem)

Required action:

- Permanently remove from service – Do not use.
- Destroy or render the item unusable.
- Isolate from use – safety inspection required.
- Isolate from use – servicing required by a competent person.
- Isolate from use – repairable by a competent person.

Declaration:

I hereby declare that the information I have provided is true and accurate. I am a fit and proper person and am submitting this report in good faith with a view to discharging my Work Health and Safety obligations.

Signature: _____

Date: _____