



**ROOF SAFETY SYSTEMS BV**  
BY DROSTE BEJAH

**WORK SAFE SAVE TIME**

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# INSPECTION LOG

All parts of the RSS Roof system must undergo a visual inspection before use.

## Stanchion

		Quantity			Total inspected	quantity good	quantity false
Nr.	Inspection points	Good	False	n/a	Description of deviation		
1	Completeness (all parts present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Safety mark legible / Annual inspection done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Straightness & squareness of the frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	No cracks, dents, holes, burrs or sharp edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Good welding connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Plastic parts intact, no tears or frayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Pull-out security, gas spring works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

## Fence

		Quantity			Total inspected	quantity good	quantity false
Nr.	Inspection points	Good	False	n/a	Description of deviation		
1	Safety mark legible and annual inspection done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Straightness & squareness of the frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	No cracks, dents, holes, burrs or sharp edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Good welding connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

## Toeboard

		Quantity			Total inspected	quantity good	quantity false
Nr.	Inspection points	Good	False	n/a	Description of deviation		
1	Completeness (all parts present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Safety mark legible and annual inspection done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Straightness & squareness of the frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	No cracks, dents, holes, burrs or sharp edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Brackets intact and fixed to the toeboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

## Clamp

Nr.	Inspection points	Quantity			Total inspected	quantity good	quantity false
		Good	False	n/a	Description of deviation		
1	Completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Safety mark legible / Annual inspection done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Adjustability and functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			



If one or more questions must be answered with NO, the system is **NOT allowed** be used before the abnormalities are rectified.

Nr.	Description of deviation	Measures taken
A		
B		
C		
D		
E		
F		

Other comments / notes

Inspected by

Function

Signature

Date