

Logo	Lifting Accessories Checklist	Doc Ref #: XYZ/IMS/HSE/F/00 Issue Date: DD-MM-YYYY Rev #: 00 Page 1 of 2
	QHSE FORMS	
	Organization Name	

Inspected By		Inspection Date	
Reviewed By		Next Inspection Date	
Approved By		Inspection Location	
Issued To			

The form should be filled by the competent person.

S/#	Sling ID#	Physical Condition				Length	Capacity	Status		Date of Entry in Service
		Appearance	Worn/Torn	Cuts/Abrasion	Damaged Eye			Ok	No	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

Prepared By	Approved By
-------------	-------------

Logo	Lifting Accessories Checklist	Doc Ref #: XYZ/IMS/HSE/F/00 Issue Date: DD-MM-YYYY Rev #: 00 Page 2 of 2
	QHSE FORMS	
	Organization Name	

--	--