

This test card must be completed in full by a PPE expert during the annual expert examination.

This checklist does not claim to be entirely complete and the expert must make their own decision on the overall condition.

roduct Name:	PAX Band Sling
erial Number:	
lanufacture Date:	

Purchase Date:	
Date of First Use:	
Remove Product from Service on:	

Year	Date	Name & Signature of Qualified Person	Detected damage	Band undamaged	Seams undamaged	No chemical contamination	Label readable	Instructions	Passed	FAILED	Measures
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											