## INSPECTION FORM

C7 Cable Climbing System

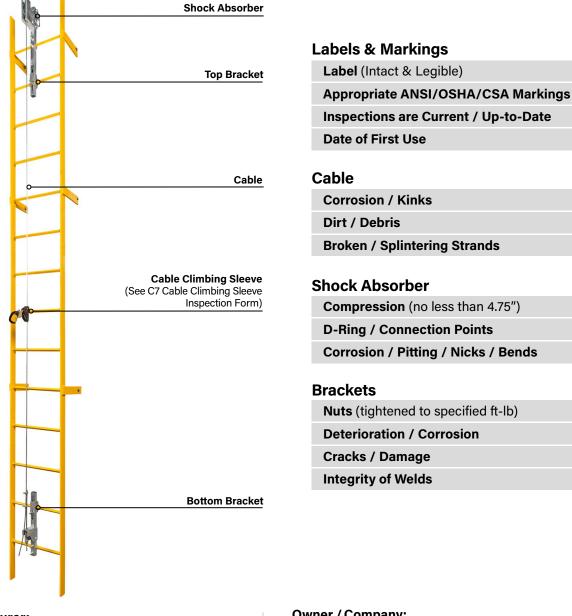


PASS FAIL

PASS FAIL

PASS FAIL

PASS FAIL



Manufactu	rer:
Model #:	
Descriptio	n:
Serial #:	
Lot #:	

Owner / Company:	
Name of Inspector:	
Signature:	
Date of Inspection:	
In-Service Date:	