



# CONTROL SHEET

## STABIL

Reference: \_\_\_\_\_



|                                               |                |             |
|-----------------------------------------------|----------------|-------------|
| Control date: _____                           | Site: _____    | Date: _____ |
| Inspector name: _____                         | Address: _____ |             |
| Engraving on one of the PB and PM rails _____ |                |             |



| Perform a visual inspection before each use<br>Carry out a formal control every 6 months by means of the check sheet (recommended)<br>Before the inspection, isolate and secure the product                                                                            |  | CONFORMITY               |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--------------------------|
|                                                                                                                                                                                                                                                                        |  | YES                      | NO                       |
| <b>General inspection of the product:</b><br>Perform a visual inspection of the overall state of the product <span>1</span>                                                                                                                                            |  |                          |                          |
| <b>Structure:</b><br>Opening and closing the product, presence of all screws, in particular between the 2 sections and the nuts on the rod.                                                                                                                            |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Check that all fittings (screws/nuts, rivets) are correctly tightened or in place <span>1</span>                                                                                                                                                                       |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Check there are no damaged profiles and/or components (impacts, perforation, ...)                                                                                                                                                                                      |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Platform</b><br>Check that the platform has not been modified or pierced and that the rivets are present on the nosing <span>2</span>                                                                                                                               |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Check that the black shock absorber and the platform pivot part are present <span>3</span>                                                                                                                                                                             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Ladder section (PM)</b><br>Check that the steps are in good condition and do not move <span>4</span>                                                                                                                                                                |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Check that the rubber strip is present on the protective cups <span>5</span>                                                                                                                                                                                           |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Check that the protective cups are present, in good condition and operate as intended (rolling and retracting of the product when a person mounts it) <span>5</span>                                                                                                   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Rear stand (PB)</b><br>Check that the rungs are in good condition and do not move <span>6</span>                                                                                                                                                                    |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Check that the rubber strip is present on the protective cups <span>5</span>                                                                                                                                                                                           |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Check that the protective cups are present, in good condition and operate as intended (rolling and retracting of the product when a person mounts it) <span>5</span>                                                                                                   |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Guardrail</b><br>Check that the vertical rail locks latch on correctly <span>7</span>                                                                                                                                                                               |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Check that the two safety straps are present, are in good condition and operate as intended <span>8</span>                                                                                                                                                             |  | <input type="checkbox"/> | <input type="checkbox"/> |
| Check that the aluminium middle rail is present on the rear stand side <span>9</span>                                                                                                                                                                                  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Safety labels</b><br>Presence of safety labels <span>10</span>                                                                                                                                                                                                      |  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Product conclusions:</b> suitable <input type="checkbox"/> to be repaired ** <input type="checkbox"/> to be retired <input type="checkbox"/>                                                                                                                        |  |                          |                          |
| For spare parts, see the after-sales sheet available online in the "Documentation Centre" tab (After-sales split views category):<br><a href="https://www.tubescalcomabi.com/fr/centre-de-documentation">https://www.tubescalcomabi.com/fr/centre-de-documentation</a> |  |                          |                          |
| Date of next check: _____                                                                                                                                                                                                                                              |  |                          |                          |

\*\* Repairs must be performed by a qualified person. The product must be checked after repair.

