







NAME of QUALIFIED TECHNICIAN:	MOTORIZED UNIT MODEL and SERIAL NUMBER:	DATE of INSPECTION:

USE CHECK MARK FOR EACH ENTRY VERIFIED. IF NECESSARY, TAKE CORRECTIVE ACTION BEFORE INSERTING CHECK MARK.

OK	CORRECTED	N/A
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<b>GENERAL</b>	SERIAL NUMBER (if applicable):
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Check all stickers and make sure they are in place and legible. Replace or update stickers as required. Update the appropriate inspection validation sticker.


<b>WHEN MOTORIZED UNIT IS IN USE</b>	SERIAL NUMBER (if applicable):
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<b>TESTS to RUN (as per technical procedures)</b>	SERIAL NUMBER (if applicable):
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The undersigned certifies that this unit and its accessories have been properly inspected, in due time, that any discrepancy has been brought to the attention of the owner/user and that all discrepancies have been corrected prior to further use of this unit or its accessories.

Signature of QUALIFIED TECHNICIAN	Name of QUALIFIED TECHNICIAN (IN PRINT)	DATE OF INSPECTION
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