

RECORD OF INSPECTION FRONT MOUNTED RESERVES

RESERVE CANOPY: _____

SERIAL NO: _____

CONTAINER NO: _____

D.O.M: _____

OWNER'S NAME & ADDRESS: _____

The items examined are detailed below with comments on their condition where relevant.
In the personal opinion of the inspector, the equipment at the time of examination was considered to be:

* SAFE FOR FURTHER USAGE.

* UNSAFE, NOT TO BE USED UNTIL THE SPECIFIED WORK HAS BEEN CARRIED OUT

* Delete as appropriate

INSPECTION CHECK LIST

tick/cross, or n/a

1.	Attachment of AAD? Date of Calibration? _____	1.	<input type="checkbox"/>
2.	Kicker spring effectiveness (if applicable)?	2.	<input type="checkbox"/>
3.	Pilot chute and bridle line (if applicable)?	3.	<input type="checkbox"/>
4.	Condition of pack opening bands and tie downs?	4.	<input type="checkbox"/>
5.	Container, grommets, stiffeners, closure loop?	5.	<input type="checkbox"/>
6.	Condition of Teflon, swage, velcro and handle?	6.	<input type="checkbox"/>
7.	Condition of bungees?	7.	<input type="checkbox"/>
8.	Tightness of connector links, absence of corrosion?	8.	<input type="checkbox"/>
9.	Condition of risers, stitching and cross connectors?	9.	<input type="checkbox"/>
10.	Condition of lines?	10.	<input type="checkbox"/>
11.	Reserve canopy condition?	11.	<input type="checkbox"/>
12.	If canopy subject to mandatory safety mods, have they been done?	12.	<input type="checkbox"/>
13.	Repack reserve?	13.	<input type="checkbox"/>

Comments:

Whilst the equipment has been inspected with all reasonable care, the opinion expressed by the inspector does not give or imply a guarantee that the equipment is free from defects other than the above.

Inspected by (CAPITALS): _____

Signature: _____

BPA No: _____

FAI No: _____

Date: _____

The next inspection is due 6 calendar months from the above date, on: _____