



Chain Slings Inspection Report

Company: _____
 Address: _____
 City: _____ St: _____ ZIP: _____

Distrib'r: _____
 Address: _____
 City: _____ St: _____ ZIP: _____

Insp Date: _____ Inspected by: _____ Dist. Contact: _____

Dept.	Type	Size	RCH	Serial #	Inspection Result		Dist. Contact								COMMENTS			
					OK	Repair Scrap	NO/ILLEG. TAG	DMG'D FITTING	BURN/WELD SPLTR	GOUGED/PITTED	BENT/TWISTED	STRETCHED	OTHER					