

Post Accident Ski Equipment Inspection Report

Workshop/Rental Form No. _____

Skier Information

NAME				ACCIDENT DATE
HEIGHT	WEIGHT	AGE	SEX (circle one) M F	SKIER TYPE (circle one) 1 2 3 -1 3+
INJURY				
RIGHT OR LEFT (circle one) R L		SKI AREA		

Equipment Information

SKI MAKE	MODEL	LENGTH
SERIAL No.	RENTAL I.D. No. (if applicable)	
BOOT MAKE	MODEL	SIZE
BOOT SOLE LENGTH in mm	RENTAL I.D. No. (if applicable)	
BINDING MAKE	MODEL	
TOE VISUAL INDICATOR (DIN) SCALE to	HEEL VISUAL INDICATOR (DIN) SCALE to	
RENTAL FORWARD PRESSURE (SYNCHRO) SETTING(S):		

Equipment Inspection/Tests

Right Ski/Binding/Boot

N/A	YES	NO	(check one)
	<input type="radio"/>	<input type="radio"/>	Boot sole within Industry Norm Standards
	<input type="radio"/>	<input type="radio"/>	All boot parts present, working correctly
	<input type="radio"/>	<input type="radio"/>	AFD OK and intact
	<input type="radio"/>	<input type="radio"/>	Forward Pressure correct
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toe Height correct
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toe Wings set correctly
	<input type="radio"/>	<input type="radio"/>	Brake fully functional
	<input type="radio"/>	<input type="radio"/>	Ski damaged (bent etc.)
	<input type="radio"/>	<input type="radio"/>	System passes visual inspections
	<input type="radio"/>	<input type="radio"/>	Rental heel forward pressure setting correct

Left Ski/Binding/Boot

N/A	YES	NO	(check one)
	<input type="radio"/>	<input type="radio"/>	Boot sole within Industry Norm Standards
	<input type="radio"/>	<input type="radio"/>	All boot parts present, working correctly
	<input type="radio"/>	<input type="radio"/>	AFD OK and intact
	<input type="radio"/>	<input type="radio"/>	Forward Pressure correct
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toe Height correct
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Toe Wings set correctly
	<input type="radio"/>	<input type="radio"/>	Brake fully functional
	<input type="radio"/>	<input type="radio"/>	Ski damaged (bent etc.)
	<input type="radio"/>	<input type="radio"/>	System passes visual inspections
	<input type="radio"/>	<input type="radio"/>	Rental heel forward pressure setting correct

VISUAL INDICATOR SETTINGS

Toe: _____ Heel: _____

CLOCKWISE TWIST MEASURED RELEASE VALUES*

I	II	III
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COUNTERCLOCKWISE TWIST MEASURED RELEASE VALUES*

I	II	III
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FORWARD LEAN MEASURED RELEASE VALUES*

I	II	III
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VISUAL INDICATOR SETTINGS

Toe: _____ Heel: _____

CLOCKWISE TWIST MEASURED RELEASE VALUES*

I	II	III
---	----	-----

COUNTERCLOCKWISE TWIST MEASURED RELEASE VALUES*

I	II	III
---	----	-----

FORWARD LEAN MEASURED RELEASE VALUES*

I	II	III
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* Record the number of results recommended by the manufacturer of the testing device. If not certain, record 3 values for each test.

Facility/Personnel/Testing Device

SHOP NAME	INSPECTION TECHNICIAN	DATE
REPORT REVIEWED BY	DATE	TESTING DEVICE BRAND
		MODEL