

Job No.: ..... Panel No.: .....  
 Cast Date/Time: ..... Lift Date/Time: .....  
 Lifter Type: ..... Product Weight: ..... (Tons)  
 Total lift capacity: ..... (Tons) Product Thickness: ..... (mm)  
 Minimal strength required to lift: ..... (MPa)

REBOUND Hammer Readings:

1	2	3	4	5	6	7	8	9	10	Avg

Converted Strength: ..... (MPa)

Checked by: ..... Approved by: ..... Lifted by: .....

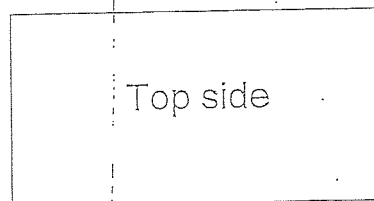
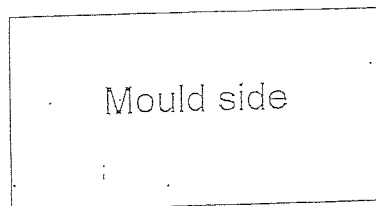
Product Damage Notification

Damage? Yes/No → If "Yes", continue below.

Damage Type: .....

Storage Location: .....

ILLUSTRATION:



Notified by: .....

Date: .....