



Address: PO Box 85
Phone: +61 2 96454200
Fax: +61 2 9645 4255
ABN: 79 118 166 144

Website: www.hagartys.com.au
Email: admin@hagarty.com.au
terry@hagartys.com.au

CERTIFICATE NO

CLIENT:	
ADDRESS:	
SUBURB:	PHONE:
STATE:	FAX:
POSTCODE:	EMAIL:

LOCATION:	
TYPE:	RE-CERTIFICATION

PRODUCT CODE	EQUIPMENT TYPE	YOM.	DATE SOLD	NEXT SERVICE	RATING	COMPLYING STANDARDS	MANUFACTURER	COMMENTS

NOTE: THIS SAFETY SYSTEM MUST BE USED IN ACCORDANCE WITH - AS/NZS 1891.4:2009

TESTING:	SITE
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TYPE OF TEST	TEST FORCE	DATE OF TEST	COMMENTS

TEST PERSON:			
AUTHORISED BY:	TERRY HAGARTY	CLASSIFICATION:	RSA1003
DATE:		SIGNATURE:	