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	CA	

CLIENT:			
ADDRESS:		LOCATION:	
SUBURB:	PHONE:		
STATE:	FAX:	TYPE:	RE-CERTIFICATION
POSTCODE:	EMAIL:		

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		
TYPE OF TEST	TEST FORCE	DATE OF TEST	COMMENTS
1112 01 1201	TEST TORIOE	DATE OF TEOT	OCIVIIVILITIO

**TEST PERSON:** 

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