




AVANTI WIND SYSTEMS
TEST FORM- SAFETY RAIL INSTALLATION

EN 353-1 : 2002 CSA : Z259.2.1-98



Date:	<input type="text"/>	Certified person's name:	<input type="text"/>
Address of installation:	<input type="text"/>	Tower No./Rail serial Nr.:	<input type="text"/>
Torque wrench S/N:	<input type="text"/>	Calibration date:	<input type="text"/>

RUNG FITTINGS		Status	ISSUE DESCRIPTION/ COMMENTS
1	A rung fitting is mounted at the beginning and end of each rail section.		
2	A rung fitting is mounted at least on every 3rd rung.		
3	All rung fittings have original shape without cracks or additional deformation.		
4	The self-locking nuts at each rung fitting are torqued to 8Nm.		
5	All hammerhead bolts are seated with the indicator marks angled at 70° to the rail.		
RAIL CONNECTIONS		Status	ISSUE DESCRIPTION/ COMMENTS
6	All rail connections have an air gap of minimum 1 mm and maximum 4 mm.		
7	Each fish joint connector is mounted with 2 hammerhead bolts on each rail end and nuts are torqued to 8 Nm.		
8	All hammerhead bolts are seated with the indicator marks angled at 70° to the rail.		
9	All fish-joint connectors are placed with center point indicators positioned between rail ends.		
RAIL		Status	ISSUE DESCRIPTION/ COMMENTS
10	All safety rail section ends are without sharp edges.		
11	All safety rail sections have original shape without cracks or additional deformations.		
12	Looking from the climber side, the guide seat of each safety rail section is located on the left side.		
13	The guide seat on each rail section has original shape without cracks or additional deformations.		
GENERAL		Status	ISSUE DESCRIPTION/ COMMENTS
14	The safety rail installation is in clean condition (no oil, corrosion, paint, or additional damaging substances).		
15	Top and bottom safety rail stops are mounted and nuts torqued to 8 Nm.		
16	Label and safety rail rating plate are legible.		
FINAL ASSESTMENT		Status	ISSUE DESCRIPTION/ COMMENTS
17	Entire rail installation is in good and safe condition. Replace old inspection sticker (if any) with updated sticker (final approval).		Name of competent(s):
			Signature of competent(s):

 Certified inspection may only be performed by AVANTI or authorized person certified by AVANTI. Certified inspection must be completed at least every 12 months, and this filled out form must be filed for possible future reference according to work regulations.