

Hose Report

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Customer:	Contact person:	Contact person:	
Address:		Department:	
Auditess.	Phone:		
	E-Mail:		
	E-IVIGII.		
Contains an Orden in a	Data of Oudam		
Customer Order no.:	Date of Order:		
TecnoPlast Order no:			
Quantity:	Hose type:		
Design:	Nominal diameter:		
Length:	Specific characteristics:		
Fitting 1:	Fitting 2:		
☐ Hose was not used			
The hose liner had contact with the following substances:			
If possible, please enclose a safety data sheet!			
□ corrosive □ neutral H+P-Rates:			
Is there a risk that the hose has also been contaminated on the outside?			
□ yes □ no			
Kind of cleaning:			
_			
The hose was cleaned and decontaminated ☐ inside			
□ outside			
The hose is free of toxic and dangerous substances:			
Recommended safety measures:			
☐ Body protection ☐ Hand protection ☐ Face protection ☐ Breathing protection			
☐ Others:			
If personal protective equipment must be worn (e.g. PVC gloves), a repair is not possible. An examination of the hose			
assembly to clarify the damage pattern can possibly be carried out.			
Operating conditions			
Temperature: Pressure:	Vacuum:	Movement:	
Others:			
Reason for the complaint:			
We confirm the correctness of this information:			
Date:			
Name:			
Position:			
Sign:			
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Please attach a copy of the report outside on the transport container.