

# SAFETYSCOPE



2501 Rutherford Road  
Unit 22 Vaughan On  
L4K 2N6



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info@safetyscope.net

## PPE INSPECTION – COMPETENT PERSON

### OBJECTIVES:

- Gain competency in the thorough examination of Personal Protective Equipment (PPE) using the Petzl protocol and
- Learn how to create an effective PPE-management system.

### CONTENT:

- Risk assessment and associated decision making.
- Potential hazards associated with the use of PPE for protection against falls from height.
- Legislation and current requirements regarding management of PPE.
- Definition of “competent person.”
- General principles and uses of PPE.
- Employer and PPE inspector responsibilities.
- Understanding a technical notice.
- Principal actions of the examiner: maintenance, returns under warranty, removal of products from service, etc.
- Principal corrective actions: information to provide for the users and/or their management system.
- Necessary tools and work environment to efficiently perform PPE examination.
- Presentation of Petzl Technical Institute PPE examination protocol.
- Pre-use checks, special inspections, thorough examinations, signs and symptoms, significance of any defects, criteria for removal from service.
- Identify defects and damage which would result in the item being removed from service.
- Inspection reporting.

### AUDIENCE:

- Professionals working at height (tower climbers, rope access techs, rescue teams, arborists, etc.)
- Recreational users participating in vertical sports (i.e. climbers, cavers, canyoneers, etc.)
- Persons and/or positions tasked with the responsibility of PPE examination (i.e. self-employed workers, health and safety managers, instructors, supervisors, team leaders and trainers.)
- Companies/organizations performing third-party PPE examination services.
- Petzl Technical Partners or Petzl Information Partners.

**3 DAYS, \$1000.00/PERSON PLUS TAX**

**\* Includes Lunch, Handout Materials and Certificate.**



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**Registration Form July 2, 3 & 4**  
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**Course Location:**  
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**Course Participant Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Billing Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**Method of Payment**

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Credit Card # \_\_\_\_\_  
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