**Checklist oogbescherming**

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| --- | --- |
| **Gebruiker** |  |
| Naam |  |
| Adres |  |
| Postcode |  |
| Plaats |  |
| Telefoon |  |
| Cont. Pers. |  |

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| --- | --- | --- | --- |
| **Keuringspunten** | goed | Fout | n.v.t. |
| Aanwezigheid CE-markering |  |  |  |
| Controle algehele staat |  |  |  |
| Geen ernstige vervuiling |  |  |  |
| Controle zichtvlak (krassen, dofheid, barsten en  overige beschadigingen) |  |  |  |
| Controle poten van de bril |  |  |  |
| Controle schroefmechanisme van de poten |  |  |  |
| Controle boven-, onder- en zijvlakken op  beschadigingen |  |  |  |
| Controle rubber tussen bril en gezicht op  beschadigingen |  |  |  |
| Controle elastische band |  |  |  |
| Controle verstelmechanische |  |  |  |
| Controle hoofdband |  |  |  |
| Controle ventilatieopeningen |  |  |  |
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**Opmerkingen:** .........................................................................

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Goedgekeurd/afgekeurd

|  |  |
| --- | --- |
| Merk |  |
| Bouwjaar |  |
| Type |  |
| Serie no. |  |
| Keuringsdatum |  |
| Herkeurdatum |  |
|  |  |