

**COMBE MILL**

**Examination of Visiting Equipment Check List**

Date of inspection:

<b>Equipment</b>	
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Information not relevant to a particular item should be marked n/a

Information checked	(Tick box)		Docs	Description/ Comments
	Yes	No	Y/N	
<b>Item</b>				
Risk Assessment				
Boiler Certificate				
Public Liability Insurance				
Valid PAT certificate				
Any other relevant Conditions?				

In the absence of documentary evidence I,.....(BLOCK CAPITALS), confirm that the above statements are true

Signature of Person Responsible for equipment:

Counter Signature on behalf of Combe Mill Society

Position Held

Date:

\* Enter here any other Combe Mill requirements