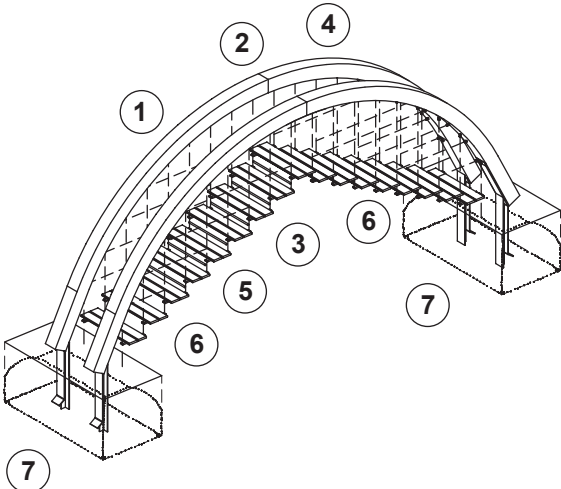
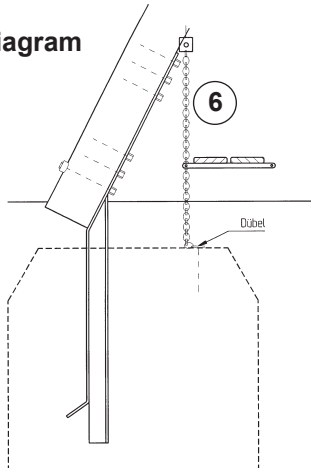


| Instructions for wear checks of play equipment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | The equipment must be checked for correct operation and safety, especially the points listed below:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Proof of maintenance            |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--|--|
| <p><b>Playground.....</b></p> <p><b>Date of installation .....</b></p> <p>Checks depend on the type of equipment. Any equipment with moving parts must be checked at least twice a year, static equipment at least once a year.</p> <p>Intervals for maintenance work and checks generally depend on</p> <ul style="list-style-type: none"> <li>- the location</li> <li>- the usage</li> <li>- the frequency of use</li> <li>- possible vandalism</li> </ul> <p>For more details see also "General instructions for maintenance of playgrounds".</p> <p><b>Bow Bridge</b><br/><b>Order No. 6.52500</b></p>  <p>detailed diagram</p>  | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"><b>Wooden parts</b></div> <ol style="list-style-type: none"> <li>1. Check for rot and, if necessary, smooth out splinters and round off sharp edges of cracks. <input type="checkbox"/></li> <li>2. Check that connection plates are securely connected, retighten screws/bolts if necessary. <input type="checkbox"/></li> <li>3. Check steps for wear and tear: at least 2/3 of the material should be left, replace if necessary. <input type="checkbox"/></li> <li>4. Recommendation: apply a breathable, opaque varnish (an opaque colour is preferable to a transparent one) to the laminated beam. <input type="checkbox"/></li> </ol> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"><b>Chain suspensions</b></div> <ol style="list-style-type: none"> <li>5. Check all connections to the chains for wear and tear. The first chain link of each chain must be locked. <input type="checkbox"/></li> <li>6. Check that the lowest chain strands are securely connected, they must be taut (<b>see detailed diagram</b>). <input type="checkbox"/></li> </ol> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"><b>Structural stability</b></div> <ol style="list-style-type: none"> <li>7. Uncover the foundation once a year in order to check for rot or corrosion. <input type="checkbox"/></li> </ol> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Repair not carried out, it is still possible to play on equipment</b> <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>Repair not carried out, equipment is taken out of action</b> <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <b>All work carried out, everything is in order</b> <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px;"> <b>Maintenance carried out by:</b><br/> ..... <b>Date</b> ..... </div> | Special notes, e.g. for repairs |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |  |  |