



SecureAnchor

S Y S T E M S

AMERICAN SHINGLES PTY LIMITED t/a
ABN: 47 095 175 867 Lic No. 166419C

NATIONAL OFFICE
Unit 26, 56-58 O'Riordan Street
Postal address : PO Box6469
ALEXANDRIA NSW 2015

TELEPHONE: 1300 131 881
FACSIMILE: 1300 731 881
EMAIL: info@secureanchor.com.au

Anchor Installation Certificate

DATE: _____ / _____ / _____

This document provides confirmation to the property owner/manager that the roof anchorage system installed at the address listed above and by the noted installer whom is deemed to be competent, is in compliance with AS/NZS 1891.4 (2009), relevant Code of Practice and OH&S requirements.

This system of anchorages is limited to use by a single person per point only, with a benchmark load of 15kN for 'Fall Arrest/Fall Restraint'. This system is recommended to be used in a 'Fall Restraint' methodology only.

This system is to be used by workers only with 'Working at Height' competencies in strict accordance with the roof layout and Technical Data Sheet(s) that details any/all limitations that accompanies this document. This information is recommended to be incorporated in the worker's Safe Work Method Statement or Job Safety Plan.

It is recommended that this system is inspected by all prospective users in accordance with the Technical Data Sheet(s) each time the system is used to ensure attachment to a defective/damaged anchor is prevented.

Anchors shall not be used unless inspected within 6 or 12 months depending on State

Address: _____

Installation Date: _____ / _____ / _____ Next Inspection Date: _____ / _____ / _____

Installer's Name & Company: _____

Installer's Contact Number: _____

Anchor Type: _____ Number of Anchors : _____

Installer's Signature:

Client's Name/ Signature: