General Location _____

ROBIN

APPLIANCE SERIAL NO.	EQUIPMENT DESCRIPTION	YEAR OF PURCHASE	LOCATION	FREQUENCY OF INSPECTION

TEST DATE	PASS (✓) FAIL (✗) INITIALS	RECALL DATE

TEST DATE	PASS (✓) FAIL (✗) INITIALS	RECALL DATE

TEST DATE	PASS (✓) FAIL (✗) INITIALS	RECALL DATE

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