









CONTROL MATERIALS SHEET - SCHEDA CONTROLLO MATERIALE



Name (Nome) Surname (Cognome)

Nation (Nazione) Code (Codice)

Equipment type <i>Tipologia materiale</i>	Quantity verified <i>Quantità controllata</i>	Control result <i>Esito del controllo</i>		Reason for refusal <i>Motivo dello scarto</i>
		Quantity OK <i>Quantità Ok</i>	Quantity not OK <i>Quantità non Ok</i>	
Clothing - Divisa  <input type="checkbox"/> E	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Electric jacket - Giubbotto elettrico  <input type="checkbox"/> F	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Electric jacket - Giubbotto elettrico  <input type="checkbox"/> S	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Mask - Maschera  <input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> E Sabre Foil Epée	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Glove - Guanto  <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="checkbox"/> 1 <input type="checkbox"/> 2
Wepons - Arma  <input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> E Sabre Foil Epée	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Mask wire - Cavo maschera  <input type="checkbox"/>	<input type="checkbox"/> Number - <i>Numero</i>	<input type="checkbox"/>	<input type="checkbox"/>
Bodywire - Passante  <input type="checkbox"/>	<input type="checkbox"/> Number - <i>Numero</i>	<input type="checkbox"/>	<input type="checkbox"/>