



REPORT

Blade Inspections

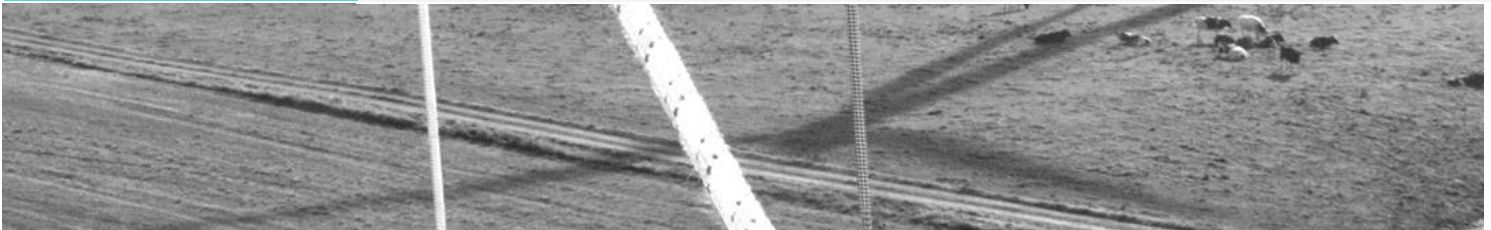


Lightning system checked

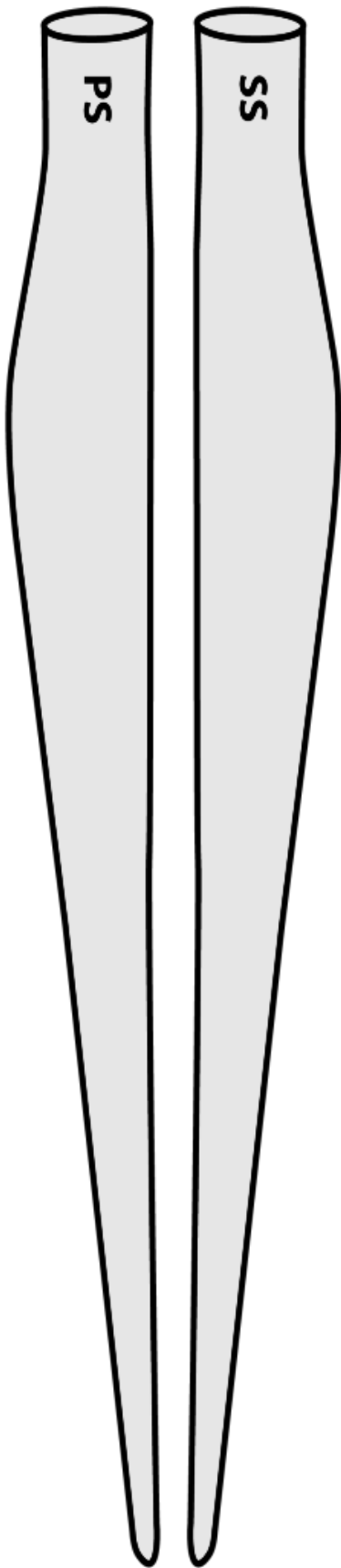
Drainhole checked

Site/location	
Turbine no. (owner)	
Turbine no. (OEM)	
Turbine manufacturer	
Blade type	
Blade serial no.	

Kwh produced	
Hours of operation	
Inspected by (full name)	
Inspection date	
Approved by (full name)	
Date of approval	
Wind speed (m/s)	



Damage Overview



DAMAGE No.	CATEGORY
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	

- 1
- 2
- 3
- x
- x

LIGHTNING RECEPTOR	
1	-- Ω
2	-- Ω
3	-- Ω
4	-- Ω
5	-- Ω
6	-- Ω
7	-- Ω
8	-- Ω
9	-- Ω
10	-- Ω
11	-- Ω
12	-- Ω



DAMAGE No.

1

(Description of damage)

(Insert photo of damage and photo card)

DAMAGE No.

2

(Description of damage)

(Insert photo of damage and photo card)

DAMAGE No.

3

(Description of damage)

(Insert photo of damage and photo card)



DAMAGE No.

4

(Description of damage)

(Insert photo of damage and photo card)



DAMAGE No.

5

(Description of damage)

(Insert photo of damage and photo card)



DAMAGE No.

6

(Description of damage)

(Insert photo of damage and photo card)



DAMAGE No.

7

(Description of damage)

(Insert photo of damage and photo card)

DAMAGE No.

8

(Description of damage)

(Insert photo of damage and photo card)

DAMAGE No.

9

(Description of damage)

(Insert photo of damage and photo card)

DAMAGE No. 10

(Description of damage)

(Insert photo of damage and photo card)