

Inspection Date:	Inspector:	Contact:
Equipment Inspected:	<input type="checkbox"/> Full Body Harness <input type="checkbox"/> Lanyard <input type="checkbox"/> Vertical Life Line <input type="checkbox"/> Rope Grab	
Issued to:	Date Issued:	

**If the equipment has arrested a fall, the harness and lanyard must be retired and destroyed.
Retractable must be inspected before being used again for fall protection**

Harness Info	Rope Grab Info	Ropes	Lanyard Type
Make:	Make:	Make:	Make:
Model:	Model:	Model:	Type: <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> SRL
Serial #:	Serial #:	Serial:	Serial #:
Mfg Date:	Mfg Date:	Line Size(dia):	Shock Absorber <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot #:	Lot #:		

Inspect: √ for okay or X for not ok	Full Body Harness		Rope Grab		Ropes		Lanyard	
<u>Hardware:</u> Includes snap hooks, carabiners, keepers and D-rings. Look for disortion, sharp edges, burrs, cracks, corrosion, and proper operation.	√	X	√	X	√	X	√	X
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notes:		Notes:		Notes:		Notes:	
<u>Webbing:</u> Inspect for cuts, burns, tears, abrasion, excess soiling, written on, discolorations. Note any writing on webbing, unauthorized modification, partial deployment of shock absorber	√	X	√	X	√	X	√	X
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notes:		Notes:		Notes:		Notes:	
<u>Stitching:</u> Inspect for pulled or cut stitches	√	X	√	X				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Notes:		Notes:					
<u>Labels/Equipment Information:</u> Inspect to ensure all labels are present and held securely in place, all text is legible, directional indicator is present.	√	X	√	X				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Notes:		Notes:					
<u>Mechanical Components</u> Locking mechanism functioning, all connectors present and working, gates open/close, system operates as designed.	√	X	√	X	√	X	√	X
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Notes:		Notes:		Notes:		Notes:	
<u>Ropes:</u> Inspect for frays, cuts and burns.					√	X		
					<input type="checkbox"/>	<input type="checkbox"/>		
					Notes:			

Notes: _____

Competent Person's Name and Signature: _____

Supervisor's Name and Signature: _____