



Fall Protection

Inspection Checklist/Logs

Full Body Harnesses

Harness Model: _____ Manufacture Date: _____

Serial Number: _____ Lot Number: _____ Purchase Date: _____

Comments: _____

GENERAL FACTORS	ACCEPTED/ REJECTED	SUPPORTIVE DETAILS OR COMMENTS
1. Hardware: (Includes D-rings, buckles, keepers, and back pads) Inspect for damage, distortion, sharp edges, burrs, cracks and corrosion.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
2. Webbing: Inspect for cuts, burns, tears, abrasion, frays, excessive soiling and discoloration.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
3. Stitching: Inspect for pulled or cut stitches.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
4. Labels: Inspect, make certain all labels are securely held in place and legible.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

Overall Disposition	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	INSPECTED BY: _____ DATE INSPECTED: _____
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Lanyards

Lanyard Model: _____ Manufacture Date: _____

Serial Number: _____ Lot Number: _____ Purchase Date: _____

Comments: _____

GENERAL FACTORS	ACCEPTED/ REJECTED	SUPPORTIVE DETAILS OR COMMENTS
1. Hardware: (Includes snap hooks, carabiners, adjusters, keepers, thimbles and D-rings). Inspect for damage, distortion, sharp edges, burrs, cracks, corrosion and proper operation.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
2. Webbing: Inspect for cuts, burns, tears, abrasion, frays, excessive soiling and discoloration.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
3. Stitching: Inspect for pulled or cut stitches.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
4. Synthetic Rope: Inspect for pulled or cut yarns, burns, abrasion, knots, excessive soiling and discoloration.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
5. Wire Rope: Inspect for broken wires, corrosion, kinks and separation of strands.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
6. Energy Absorbing Component: Inspect for elongation, tears and excessive soiling.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
7. Labels: Inspect, make certain all labels are securely held in place and legible.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

Overall Disposition	<input type="checkbox"/> ACCEPTED	INSPECTED BY: _____
	<input type="checkbox"/> REJECTED	DATE INSPECTED: _____

Tie-Off Adaptors

Tie-Off Adaptor Model: _____ Manufacture Date: _____

Serial Number: _____ Lot Number: _____ Purchase Date: _____

Comments: _____

GENERAL FACTORS	ACCEPTED/ REJECTED	SUPPORTIVE DETAILS OR COMMENTS
1. Hardware: (Includes D-rings) Inspect for damage, distortion, sharp edges, burrs, cracks and corrosion.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
2. Webbing: Inspect for cuts, burns, tears, abrasion, frays, excessive soiling and discoloration.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
3. Stitching: Inspect for pulled or cut stitches.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
4. Labels: Inspect, make certain all labels are securely held in place and legible.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

Overall Disposition	<input type="checkbox"/> ACCEPTED	INSPECTED BY: _____
	<input type="checkbox"/> REJECTED	DATE INSPECTED: _____

Hooks/Carabiners

Hook/Carabiner Model: _____ Manufacture Date: _____

Serial Number: _____ Lot Number: _____ Purchase Date: _____

Comments: _____

GENERAL FACTORS	ACCEPTED/ REJECTED	SUPPORTIVE DETAILS OR COMMENTS
1. Physical Damage: Inspect for cracks, sharp edges, burrs, deformities and locking operation.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
2. Excessive Corrosion: Inspect for corrosion which effects the operation and/or strength.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
3. Markings: Inspect, make sure certain marking(s) are legible.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

Overall Disposition	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	INSPECTED BY: _____ DATE INSPECTED: _____
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Anchorage Plates

Anchorage Plate Model: _____ Manufacture Date: _____

Serial Number: _____ Lot Number: _____ Purchase Date: _____

Comments: _____

GENERAL FACTORS	ACCEPTED/ REJECTED	SUPPORTIVE DETAILS OR COMMENTS
1. Physical Damage: Inspect for cracks, sharp edges, burrs, deformities and locking operation.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
2. Excessive Corrosion: Inspect for corrosion which effects the operation and/or strength.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
3. Fasteners: Inspect for corrosion, tightness, damage and distortion. If welded, inspect weld for corrosion, cracks and damage.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
4. Markings: Inspect, make sure certain marking(s) are legible.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

Overall Disposition	<input type="checkbox"/> ACCEPTED	INSPECTED BY: _____
	<input type="checkbox"/> REJECTED	DATE INSPECTED: _____

Self Retracting Lifelines

Anchorage Plate Model: _____ Manufacture Date: _____

Serial Number: _____ Lot Number: _____ Purchase Date: _____

Comments: _____

GENERAL FACTORS	ACCEPTED/ REJECTED	SUPPORTIVE DETAILS OR COMMENTS
1. Impact Indicator: Inspect indicator for activation (rupture of red stitching, elongated indicator, etc.)	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
2. Screws/Fasteners: Inspect for damage and make certain all screws and fasteners are tight.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
3. Housing: Inspect for distortion, cracks and other damage. Inspect anchoring loop for distortion and damage.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
4. Lifeline: Inspect for cuts, burns, tears, abrasion, frays, excessive soiling and discoloration, broken wires (see impact indicator section).	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
5. Locking Action: Inspect for proper lock-up of brake mechanism.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
6. Retraction/Extension: Inspect spring tension by pulling lifeline out fully and allowing it to retract fully (no slack).	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
7. Hooks/Carabiners: Inspect for physical damage, corrosion, proper operation and markings (see separate checklist/log for hooks and carabiners).	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
8. Reserve Lifeline: Inspect reserve lifeline retention systems for deployment.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
9. Labels: Inspect, make certain all labels are securely held in place and legible.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

Overall Disposition	<input type="checkbox"/> ACCEPTED	INSPECTED BY: _____
	<input type="checkbox"/> REJECTED	DATE INSPECTED: _____

Inspection Checklist/Log

_____ Model: _____ Manufacture Date: _____

Serial Number: _____ Lot Number: _____ Purchase Date: _____

Comments: _____

GENERAL FACTORS	ACCEPTED/ REJECTED	SUPPORTIVE DETAILS OR COMMENTS
1.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
2.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
3.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
4.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
5.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
6.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
7.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	

Overall Disposition	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	INSPECTED BY: _____ DATE INSPECTED: _____
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Inspection Checklist/Log

_____ Model: _____ Manufacture Date: _____

Serial Number: _____ Lot Number: _____ Purchase Date: _____

Comments: _____

GENERAL FACTORS	ACCEPTED/ REJECTED	SUPPORTIVE DETAILS OR COMMENTS
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Overall Disposition		INSPECTED BY: _____ DATE INSPECTED: _____
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Fall Protection Equipment Inspection Log

Classification _____ Company _____

SERIAL #	DATE OF MFG.	MODEL #	DESCRIPTION	INSPECTION DATE	PASS	FAIL	INSPECTED BY	INSPECTION DATE	PASS	FAIL	INSPECTED BY	INSPECTION DATE	PASS	FAIL	INSPECTED BY	COMMENTS

Green: Pass, Safe for Use **Red:** Remove from Service - Send to Manufacturer for Inspection/Serviceing **Black:** Destroy Immediately