

FALL PROTECTION EQUIPMENT INSPECTION CHECKLIST & LOG

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 of issue:	

If the equipment below 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		Lanyard Info			
Make:	Make:		Make:			
Model:	Model:		Type: <input type="checkbox"/> Single <input type="checkbox"/> Double			
Serial Number:	Serial Number:		Length:			
Manufacture Date:	Lifeline size (dia):		Shock Absorber: <input type="checkbox"/> Y <input type="checkbox"/> N			
Lot Number:						
Inspect the Following	Full body harness		Rope Grab		Lanyard/Lifeline	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hardware (includes snap hooks, carabiners, adjusters, keepers, thimbles, and D-rings) Look for distortion, sharp edges, burrs, cracks, corrosion and proper operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:	Notes:		Notes:		Notes:	
Webbing Inspect for cuts, burns, tears, abrasion frays, excessive soiling, written on, and discoloration <small>Note: Writing on webbing, unauthorized modifications, partial deployment of shock absorber</small>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Notes:	Notes:		Notes:		Notes:	
Stitching Inspect for pulled or cut stitches	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Notes:	Notes:		Notes:		Notes:	
Labels/Equipment information Inspect to ensure all labels are present and held securely in place, all text is legible, directional indicator is visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Notes:	Notes:		Notes:		Notes:	
Mechanical components Locking mechanism functioning, all connectors present and functioning, gates open/close, system operates as designed			<input type="checkbox"/>	<input type="checkbox"/>		
Notes:	Notes:		Notes:		Notes:	
Ropes (includes slings, life lines and lanyards) Inspect for broken threads, loose eye connections, excessive abrasions, crushing, stretching					<input type="checkbox"/>	<input type="checkbox"/>
Notes:	Notes:		Notes:		Notes:	
Overall Assessment	<input type="checkbox"/> OK	<input type="checkbox"/> Retire	<input type="checkbox"/> OK	<input type="checkbox"/> Repair	<input type="checkbox"/> OK	<input type="checkbox"/> Retire

Notes: _____

INSPECTOR'S SIGNATURE _____

SUPERVISOR'S NAME & SIGNATURE _____