



Fall Protection  
**Inspection Checklist**

### Full Body Harnesses

Harness Model: \_\_\_\_\_ Manufacture Date: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Comments: \_\_\_\_\_

GENERAL FACTORS	ACCEPTED/ REJECTED	SUPPORTIVE DETAILS OR COMMENTS
<b>Hardware:</b> (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	
<b>Webbing:</b> Inspect for cuts, burns, tears, abrasion, frays, excessive soiling and discoloration.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<b>Stitching:</b> Inspect for pulled or cut stitches.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<b>Labels:</b> 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"/> <b>ACCEPTED</b>	<b>INSPECTED BY:</b> _____
	<input type="checkbox"/> <b>REJECTED</b>	<b>DATE INSPECTED:</b> _____

## Lanyards

Lanyard Model: \_\_\_\_\_ Manufacture Date: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Comments: \_\_\_\_\_

GENERAL FACTORS	ACCEPTED/ REJECTED	SUPPORTIVE DETAILS OR COMMENTS
<b>Hardware:</b> (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	
<b>Webbing:</b> Inspect for cuts, burns, tears, abrasion, frays, excessive soiling and discoloration.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<b>Stitching:</b> Inspect for pulled or cut stitches.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<b>Synthetic Rope:</b> Inspect for pulled or cut yarns, burns, abrasion, knots, excessive soiling and discoloration.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<b>Wire Rope:</b> Inspect for broken wires, corrosion, kinks and separation of strands.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<b>Energy Absorbing Component:</b> Inspect for elongation, tears and excessive soiling.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<b>Labels:</b> 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
<b>Hardware:</b> (Includes D-rings) Inspect for damage, distortion, sharp edges, burrs, cracks and corrosion.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<b>Webbing:</b> Inspect for cuts, burns, tears, abrasion, frays, excessive soiling and discoloration.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<b>Stitching:</b> Inspect for pulled or cut stitches.	<input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	
<b>Labels:</b> 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
<b>Physical Damage:</b> Inspect for cracks, sharp edges, burrs, deformities and locking operation.	<input type="checkbox"/> <input type="checkbox"/>	
<b>Excessive Corrosion:</b> Inspect for corrosion which effects the operation and/or strength.	<input type="checkbox"/> <input type="checkbox"/>	
<b>Markings:</b> Inspect, make sure certain marking(s) are legible.	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	

Overall Disposition	<input type="checkbox"/> <b>ACCEPTED</b> <input type="checkbox"/> <b>REJECTED</b>	<b>INSPECTED BY:</b> _____ <b>DATE INSPECTED:</b> _____
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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
<b>Physical Damage:</b> Inspect for cracks, sharp edges, burrs, deformities and locking operation.	<input type="checkbox"/> <input type="checkbox"/>	
<b>Excessive Corrosion:</b> Inspect for corrosion which effects the operation and/or strength.	<input type="checkbox"/> <input type="checkbox"/>	
<b>Fasteners:</b> Inspect for corrosion, tightness, damage and distortion. If welded, inspect weld for corrosion, cracks and damage.	<input type="checkbox"/> <input type="checkbox"/>	
<b>Markings:</b> Inspect, make sure certain marking(s) are legible.	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/>	

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

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
	<input type="checkbox"/>	

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.		
2.		
3.		
4.		
5.		
6.		
7.		

Overall Disposition		<b>INSPECTED BY:</b> _____ <b>DATE INSPECTED:</b> _____
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