

Personal Fall Protection Equipment Inspection Form

Inspector's Name:

Date:

Inspector's Signature:

Company:	Item Description:	Date:
User:	Model/Serial #:	DOM:

Impact Indicator	YES	NO	Comments
Damaged			
Missing			
Deployed			

D-ring	YES	NO	Comments
Cracked/bent/corroded			
Welded			
Sharp edges			

Buckle	YES	NO	Comments
Cracked/bent/corroded			
Missing parts			
Damaged			
Poor function			

Connectors	YES	NO	Comments
Cracked/bent/corroded			
Missing parts			
Doesn't open/sticky gate			
Doesn't lock			
Excess dirt/grease/grime/paint			

Shock absorbers	YES	NO	Comments
Cuts/tears/abrasions			
Deployed			
Plastic covers missing			
Holes/burns/UV damage			
Grease/grime/dirt/paint			

Labels and markings	YES	NO	Comments
Present and legible			
Appropriate ANSI/CSA/OSHA			

FINAL APPRAISAL	YES	NO	Comments
Remove from service			
Return to service			

Webbing	YES	NO	Comments
Cuts/tears/holes/abrasions			
Burns/heat damage/frays			
Knots			
Grease/grime/paint			
Discoloration/mold			
Missing/damaged stitch pattern			

Stitching	YES	NO	Comments
Cut			
Broken			
Pulled			
Missing stitching pattern			
Burned			

Ropes	YES	NO	Comments
Splice loose/thimble loose			
Fraying/pulls in fibers			
Cuts/tears/abrasions			
Knots/stretched/kinked			
Grease/grime/dirt/paint			

Wire ropes	YES	NO	Comments
Broken wires/strands			
Distortion/corrosion			
Separation of wires/kinks/caging			
Loose termination			
Grease/grime/dirt/paint			

Additional comments

OVERALL PASS OR FAIL	YES	NO	Comments
Clean and re-inspect			
PASS			

Fall Protection Equipment Inspection Visual Aid:

