

## Annual Anchor Inspection Log

### Site Information

Company / Client Name: \_\_\_\_\_

Site Name: \_\_\_\_\_

Physical Address / Location: \_\_\_\_\_

Site Contact Person: \_\_\_\_\_

Contact Number / Email: \_\_\_\_\_

### Anchor Identification Details

Anchor ID / Reference Number: \_\_\_\_\_

Anchor Type:  Roof Anchor  Structural Anchor  Eyebolt  Other: \_\_\_\_\_

System Type:  Fall Arrest  Fall Restraint  Work Positioning

Installation Date: \_\_\_\_\_

Installer / Installation Company: \_\_\_\_\_

### Inspection Details

Inspection Type:  Annual  Re-Certification  Post-Incident

Inspection Date: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Inspector Company: \_\_\_\_\_

Inspector Qualification / Registration (if applicable): \_\_\_\_\_

## Visual Inspection Checklist

<u>Inspection Item</u>	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>	<u>Comments</u>
Anchor securely fixed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
No visible corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
No deformation or cracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fixings secure and intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Anchor labelling legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Surrounding structure sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## Load / Pull Testing (Where Required)

Load Test Required:  Yes  No

Test Load Applied: \_\_\_\_\_

Test Result:  Pass  Fail

Test Method / Equipment Used: \_\_\_\_\_

## Findings and Corrective Actions

Non-Conformances Identified:

Corrective Actions Required:

System Status:  Compliant  Non-Compliant (until corrective action completed)

### **Certification Validity**

Certification Issued:  Yes  No

Certificate Reference Number: \_\_\_\_\_

Certification Valid Until: \_\_\_\_\_

Next Inspection Due Date: \_\_\_\_\_

### **Inspector Declaration**

I confirm that the inspection has been carried out in accordance with applicable SANS standards and manufacturer requirements, and that the information recorded above is accurate.

Inspector Signature: \_\_\_\_\_

Date: \_\_\_\_\_