

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: _____