

# Height Safety System Maintenance Record

## Site Information

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

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

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

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

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

## System Identification

System Type: ☐ Anchors ☐ Lifelines ☐ Ladders ☐ Walkways ☐ Other: \_\_\_\_\_

System ID / Reference: \_\_\_\_\_

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

Manufacturer / Supplier: \_\_\_\_\_

## Inspection & Compliance Checks

<u>Check</u>	<u>Pass</u>	<u>Fail</u>	<u>N/A</u>	<u>Comments</u>
System visually intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
No corrosion or damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fixings secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Labelling legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Certification valid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Functional testing performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## **Corrective Actions & Recommendations**

Issues Identified:

Corrective Actions Taken:

Follow-up Actions / Next Review:

## **Inspector / Maintenance Officer Declaration**

I confirm that the maintenance and inspections recorded above were carried out in accordance with applicable SANS standards and manufacturer requirements.

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

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

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

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

# Maintenance Activity Log

[illegible]