

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