

Fall Protection Inspection Form: Lanyards.

Manufacturer of equipment: _____
 Name of Competent Person: _____
 Name of Authorized Person: _____
 Name of Authorized Inspector: _____

Industry: _____

Date of Inspection: _____

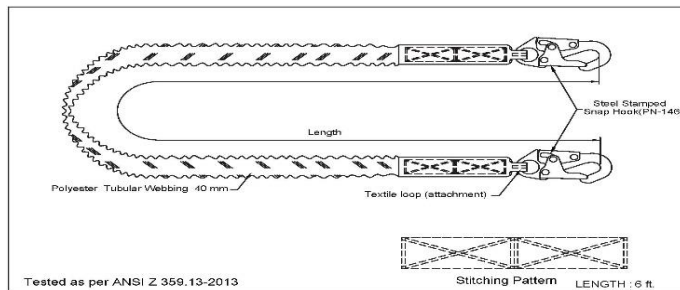
Date of Service: _____

1 Labels/Tags	Pass	Fail
Missing		
Dates		
Illegible		

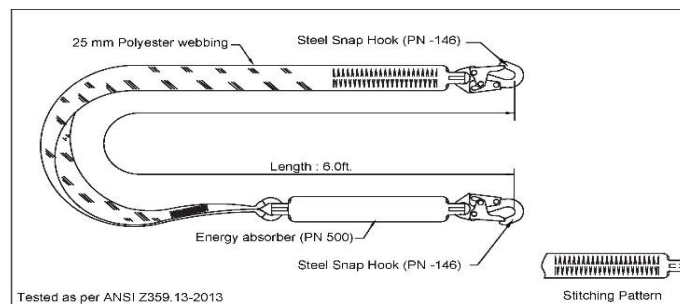
Inspection Details:

1. Labels/Tags
2. Webbing
3. Stitching
4. Hardware

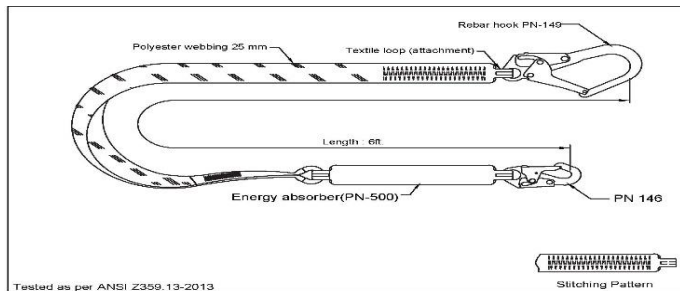
2 Webbing	Pass	Fail
Excessive Wear		
Cuts, Burns, Holes		
Chemical residue		
Excessive UV Damage		
Other		



3 Stitching	Pass	Fail
Loose		
Missing		
Broken		
Other		



4 Hardware	Pass	Fail
Cracks, Burs		
Rust, Corrosion		
Functionality		
Missing Fasteners		
Deformed		
Slag, burns		
Springs		



• Fall Protection • Competent Training • Netting • PPE

