

Fall Protection Inspection Form: Self Retracting Lifeline units.

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
<u>Missing</u>		
<u>Dates</u>		
<u>Illegible</u>		

2 Webbing	Pass	Fail
<u>Excessive Wear</u>		
<u>Cuts, Burns, Holes</u>		
<u>Chemical residue</u>		
<u>Excessive UV Damage</u>		
<u>Other</u>		

3 Stitching	Pass	Fail
<u>Loose</u>		
<u>Missing</u>		
<u>Broken</u>		
<u>Other</u>		

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

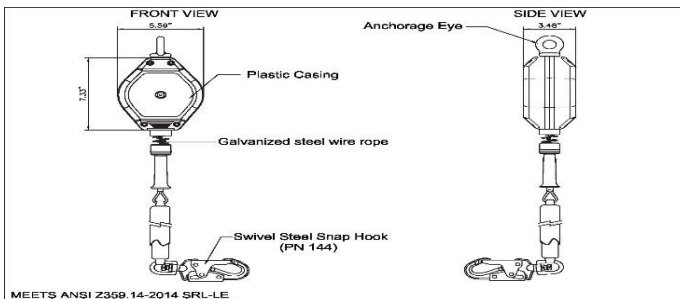
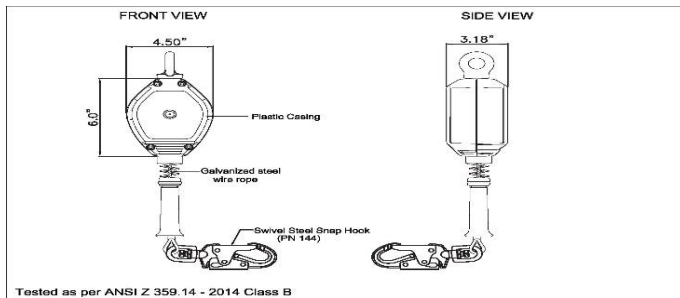
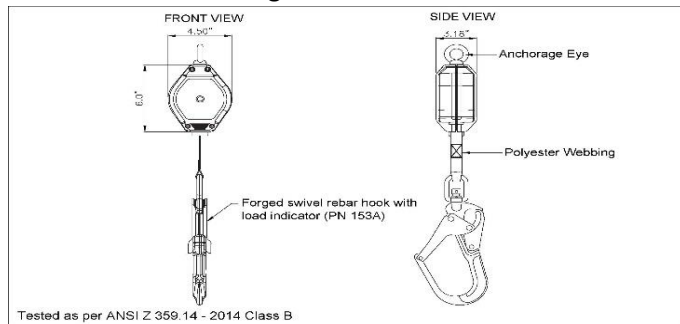
Inspection Details:

1. Labels/Tags

2. Webbing

3. Stitching

4. Hardware



• Fall Protection • Competent Training • Netting • PPE

