DATE

FALL PROTECTION SYSTEM INSPECTION FORM

INSPECTED BY (Designated Competent Person)

AREA								CRAFT					
ВО	DY HARNESSES												
INS	TRUCTIONS:												
1.	 All parts of body harness and attachments are to be checked for excessive wear and damage. 				All Stitching	Rivets and Eyelets	D-ring(s) Buckle(s) (include tongue)					Personally Owned Belt	
2.	. This 3 symbol is for YES or OK.									rtch ng)			
3.	This 7symbol is for NO or REPLACE.							ld Sable)	(anie)	Hook Safety Latch (Positive Locking)	Certification or Data Tag		
4.	Body harness(es) to be inspected monthly and report is to be turned in to Safety Department.							Body Pa	Lanyard				
E	EMPLOYEE'S NAME	BADGE Number	MFR'S. SERIAL#										
Fall Protection Systems													
SYSTEM		LOC	LOCATION		No	Good	Repa	air Comments					
Vertical Lifeline													
Horizontal Lifeline		9											
Warning Lines													
Guard Rails													
Retractable Lanyards													
Hole Covers													
Positioning Devices													