

FALL ARREST

Full Body Harness Pre-Assignment Inspection

PASSED

FAILED

Date Inspected: ___ / ___ / ___
 dd mm yy

User's Name: _____

Inspected By: _____

Manufacturer: _____

Serial/Model Num: _____

1. WEBBING	2. BUCKLES	3. STITCHING
<input type="checkbox"/> Damage due to Chemicals <input type="checkbox"/> Damage due to Heat <input type="checkbox"/> Damage due to UV <input type="checkbox"/> Discoloration <input type="checkbox"/> Fibers Broken <input type="checkbox"/> Fibers Cut <input type="checkbox"/> Fibers Fraying <input type="checkbox"/> Requires Cleaning <input type="checkbox"/> Other _____ <div style="text-align: right;"><input type="checkbox"/> Pass <input type="checkbox"/> Fail</div>	<input type="checkbox"/> Cracked <input type="checkbox"/> Corroded <input type="checkbox"/> Damaged <input type="checkbox"/> Distorted <input type="checkbox"/> Poor Function <input type="checkbox"/> Sharp Edges <input type="checkbox"/> Welded <input type="checkbox"/> Worn Parts <input type="checkbox"/> Other _____ <div style="text-align: right;"><input type="checkbox"/> Pass <input type="checkbox"/> Fail</div>	<input type="checkbox"/> Broken <input type="checkbox"/> Burnt <input type="checkbox"/> Cut <input type="checkbox"/> Frayed <input type="checkbox"/> Missing <input type="checkbox"/> Pulled <input type="checkbox"/> Other _____ <div style="text-align: right;"><input type="checkbox"/> Pass <input type="checkbox"/> Fail</div>
4. GROMMETS	5. "D" RING	6. RIVETS
<input type="checkbox"/> Not Applicable <input type="checkbox"/> Bent <input type="checkbox"/> Chemical Corrosion <input type="checkbox"/> Loose <input type="checkbox"/> Missing <input type="checkbox"/> Other _____ <div style="text-align: right;"><input type="checkbox"/> Pass <input type="checkbox"/> Fail</div>	<input type="checkbox"/> Bent <input type="checkbox"/> Cracked <input type="checkbox"/> Damaged <input type="checkbox"/> Distorted <input type="checkbox"/> Sharp Edges <input type="checkbox"/> Welded <input type="checkbox"/> Other _____ <div style="text-align: right;"><input type="checkbox"/> Pass <input type="checkbox"/> Fail</div>	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Bent <input type="checkbox"/> Corroded <input type="checkbox"/> Loose <input type="checkbox"/> Missing <input type="checkbox"/> Other _____ <div style="text-align: right;"><input type="checkbox"/> Pass <input type="checkbox"/> Fail</div>
7. LABELS	8. PLASTIC "D" SHIM	9. KEEPERS
<input type="checkbox"/> Missing <input type="checkbox"/> Not Legible <div style="text-align: right;"><input type="checkbox"/> Pass <input type="checkbox"/> Fail</div>	<input type="checkbox"/> Missing <input type="checkbox"/> Poor Condition <div style="text-align: right;"><input type="checkbox"/> Pass <input type="checkbox"/> Fail</div>	<input type="checkbox"/> Missing <input type="checkbox"/> Poor Condition <div style="text-align: right;"><input type="checkbox"/> Pass <input type="checkbox"/> Fail</div>

Note: If one or more items have been checked in boxes 1-9, the harness must be removed from service.

Note: If the harness has been modified/alterd in any manner, it must be removed from service.

Removed From Service: Yes No

Date: ___ / ___ / ___
 dd mm yy

Repairs (to be completed by): _____

() _____

Returned to Service: Yes No

Date: ___ / ___ / ___
 dd mm yy