

Fall Protection System Inspection Checklist

Date:

Inspector:

Location:

System ID:

Equipment Inspection

Item	Condition (âœ“/ð,,)	Comments
Anchorage	<input type="text"/>	<input type="text"/>
Body Harness	<input type="text"/>	<input type="text"/>
Lanyards	<input type="text"/>	<input type="text"/>
Connectors	<input type="text"/>	<input type="text"/>
Lifelines	<input type="text"/>	<input type="text"/>
Self-Retracting Devices	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>

General System Condition

Description	OK (âœ“/ð,,)	Comments
System properly installed and labeled	<input type="text"/>	<input type="text"/>
No visible damage or alteration	<input type="text"/>	<input type="text"/>
Components compatible	<input type="text"/>	<input type="text"/>
Connections secure	<input type="text"/>	<input type="text"/>

Sufficient clearance below	<input type="text"/>	<input type="text"/>
Other safety devices in place	<input type="text"/>	<input type="text"/>

Additional Comments / Actions Required

Inspector Signature:

Date: