

Fall Protection Equipment Inspection Sheet

Inspector Name

Date

Location

Equipment Type

Equipment ID/Serial #

Manufacturer

Item	Condition/Comments	Status
Webbing/Body	<input type="text"/>	<input type="text"/>
Buckles/Hardware	<input type="text"/>	<input type="text"/>
Labels/Tags	<input type="text"/>	<input type="text"/>
Stitching	<input type="text"/>	<input type="text"/>
Connectors/Snaphooks	<input type="text"/>	<input type="text"/>
D-Rings	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Additional Notes

Inspector Signature

Date