

Fall Protection Equipment Inspection Form

Inspector Name

Date

Location

Equipment Information

Equipment Type

Manufacturer

Model/Serial No.

Date of Manufacture

Date of Last Inspection

Inspection Checklist

Inspection Item	Status	Comments
Webbing/Straps: cuts, fraying, burns, etc.	<input type="text"/>	<input type="text"/>
Stitching: pulled, cut, or worn threads	<input type="text"/>	<input type="text"/>
Buckles/Clips/Adjusters: cracks, deformation, corrosion	<input type="text"/>	<input type="text"/>
Labels/Tags: legible and present	<input type="text"/>	<input type="text"/>
Connectors/Lanyards: damage, wear, or deformities	<input type="text"/>	<input type="text"/>
Other (describe)	<input type="text"/>	<input type="text"/>

Additional Comments/Actions Required

Inspector Signature

Date