



Daily Inspection Sheet for Personal Fall Arrest System Equipment

Employee Name: _____ Week of: _____

Harness Serial #: _____ Office: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	Satisfactory Unsatisfactory	Satisfactory Unsatisfactory	Satisfactory Unsatisfactory	Satisfactory Unsatisfactory	Satisfactory Unsatisfactory	Satisfactory Unsatisfactory	Satisfactory Unsatisfactory
BELT / HARNESS Webbing: No tears, cuts/burns, or chemical exposures Buckles and Rivets: No deformities, missing springs, or abnormal wear D-Rings: No cracks, wear, or deformity Harness fits properly							
LANYARDS Grommets: No excessive wear or deformity Snap Hooks: Latch properly, no excessive wear / deformity Rope or Strap: No cuts, wear, fraying, chaffing, bunny fur, chemical exposure, ripping or unraveling braid							
HARDWARE Pelican Hook: Working safety catch, bar closes & latches, no wear or deformity Safety Climb: Spring, chains and quick release pins for proper operations Spreader Bars/Chains: No visible damage or wear							
INSPECTOR'S INITIALS:							

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