Fall protection harness inspection

Date _____ **Site or location** _____

Worker name _____ **Harness ID or serial number** _____

Lanyard ID or serial number _____ **Competent person (if checked)** _____

Harness	Pass	Fail	N/A
Webbing has no cuts, frays, burns or chemical damage	☐	☐	☐
Webbing isn't stiff, glazed or discolored	☐	☐	☐
Stitching is intact, with no pulled or broken threads	☐	☐	☐
D-rings are not bent, cracked, rusted or worn	☐	☐	☐
Buckles work and don't slip, and show no damage	☐	☐	☐
Grommets and keepers are in place	☐	☐	☐
Labels are present and legible	☐	☐	☐
Inspection tag or record is current	☐	☐	☐

Lanyard and connectors	Pass	Fail	N/A
Lanyard or lifeline has no cuts, frays or burns	☐	☐	☐
Snap hooks and carabiners close and lock fully	☐	☐	☐
Gates and latches work with no sticking	☐	☐	☐
Shock absorber pack is intact and hasn't been deployed	☐	☐	☐
Hardware shows no cracks, rust or bending	☐	☐	☐
Equipment is rated and compatible with each other	☐	☐	☐

Before you use it	Pass	Fail	N/A
Maker's instructions were followed for this equipment	☐	☐	☐
Equipment has not been used in a fall	☐	☐	☐
Anchor point is identified and suitable	☐	☐	☐
Rescue plan is in place for this job	☐	☐	☐
Fall protection need checked against OSHA 1926.501	☐	☐	☐
Any equipment you're unsure about is removed from service	☐	☐	☐

Defects found and action taken

_____

_____

_____

Taken out of service? ☐ Yes ☐ No **Reported to** _____

Inspector signature _____ **Date** _____

Supervisor review _____ **Date** _____