**Weekly Chain and Strap Inspection**

|  |  |  |
| --- | --- | --- |
| Inspection Date: | Inspected by: | Location: |
| Were any chains or straps removed from the plant? [ ]  Yes [ ]  No [ ]  N/A |
| **Work Area** | **Description** | **Destroyed?** | **Replacement Made/Ordered?** |
|  |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |