**Fall Protection Inspection Form**

If you answer any of these questions with a “no” response, take the fall protection equipment out of service until the issue is resolved.

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| Equipment ID: | Manufacturer: |
| Manufacture Date: | Equipment Type/Use: |
| Inspection Date: | Inspector Name: |
| **WEBBING** |
| No holes, tears, or cuts in the webbing | ☐ Yes ☐ No |
| No signs of heat damage to straps | ☐ Yes ☐ No |
| No signs of overstretched material/excessive wear | ☐ Yes ☐ No |
| No major warps in the webbing | ☐ Yes ☐ No |
| **STITCHING** |
| No loose stiches | ☐ Yes ☐ No |
| No missing stitches | ☐ Yes ☐ No |
| No cut, torn, or ripped stitches | ☐ Yes ☐ No |
| **HARDWARE** |
| All adjustment buckles and straps work properly | ☐ Yes ☐ No |
| No hardware components are broken or missing | ☐ Yes ☐ No |
| No hardware has been modified | ☐ Yes ☐ No |
| No signs of corrosion on the hardware | ☐ Yes ☐ No |
| **OTHER** |
| Equipment is clean (free of stains, odors, etc.) | ☐ Yes ☐ No |
| Manufacturer labels are legible | ☐ Yes ☐ No |
| Equipment is still within the manufacturer’s lifespan recommendations | ☐ Yes ☐ No |
| **OUTCOME** |
| I certify that this fall protection equipment has ☐ Passed ☐ Failed inspection. |
| Notes: |
| Inspector Signature: |