

Manufacturer: _____

Model Number: _____

Description: _____

Serial Number: _____

Lot Number: _____

Date of Manufacture: _____

Company: _____

Name of Inspector: _____

Signature: _____

Date of Inspection: _____

In-Service Date: _____

Lanyard Configuration:

<input type="checkbox"/> Single Leg	<input type="checkbox"/> Cable	<input type="checkbox"/> Internal Shock Absorber
<input type="checkbox"/> Dual Leg	<input type="checkbox"/> Web	<input type="checkbox"/> External Shock Absorber
		<input type="checkbox"/> Non-Shock Absorber

LABELS & MARKINGS

	PASS	FAIL	NOTE
Label (Intact and Legible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate ANSI / OSHA / CSA Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspections are Current / Up-to-Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of First Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONNECTORS

	PASS	FAIL	NOTE
Connector (Self-Closing and Locking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hook Gate / Rivets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion / Pitting / Nicks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MATERIAL (WEB OR CABLE)

	PASS	FAIL	NOTE
Broken / Missing / Loose Stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination (Stitch, Splice, or Swage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webbing Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts / Burns / Holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Separating / Bird-Caging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHOCK PACK (IF APPLICABLE)

	PASS	FAIL	NOTE
Cover / Shrink Tube (Don't Cut or Remove)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage / Fraying / Broken Stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact Indicator (Signs of Deployment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

