

Form Number LLCF-025	Issue Date 10/07/08	Revision Date 06/15/21	Form Number LLCF-025
Fall Protection Inspection Checklist			

Customer: _____

Location: _____

Inspector: _____

Equipment ID #: _____

<i>This inspection is to be used every time fall protection is used and rescue plan completed.</i>					Yes	No	N/A	
GIS Issued Fall Protection?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Impact Indicator (Where Applicable)				Yes	No	N/A		
Damaged				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Deployed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Reserve Line Deployed				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Buckles				Yes	No	N/A		
Damaged / Cracked / Corroded				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Burrs / Sharp Edges / Bent / Distorted				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Poor Function				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Missing Parts				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Labels				Yes	No	N/A		
Present and Attached				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Legible				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Plastic Keepers				Yes	No	N/A		
Missing				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Damaged				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Stitching				Yes	No	N/A		
Cut / Broken / Pulled				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Missing Stitch Pattern				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Burned				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Webbing				Yes	No	N/A		
Cuts / Tears / Holes / Abrasions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Burns / UV Damage / Glazing				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Frays / Knots				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Grease / Grime				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Paint				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Discoloration				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Missing / Damaged Stitch pattern				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Permanent Marks on Load Bearing Web				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Wire Rope				Yes	No	N/A		
Heat Damage				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Corroded / Kinked / Distorted Wires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Missing / Damaged Thimble				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Loose Termination				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Broken Wires				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Strand Separation / Bird caging				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D-Ring Plate (back pad)				Yes	No	N/A		
Missing				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Damaged				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Missing or Damaged Plastic Keeper				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
D-Rings				Yes	No	N/A		
Cracked				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Welded				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bent / Distorted				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Corroded				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Sharp Edges				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Connectors					Yes	No	N/A	
Cracked / Corroded / Bent / Distorted					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sharp Edges					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Missing Parts					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mislabeled / Marked					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sticky Gates					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stays Open or Closes but Won't Lock					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excess Dirt / Grease					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shock Absorber					Yes	No	N/A	
Missing Plastic Cover					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive Soiling					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
UV Damage or Glazing					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cuts / Tears / Holes / Abrasions					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deployed / Stretched / Elongated					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rope					Yes	No	N/A	
Paint / Rust Staining					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dirt / Grease / Discoloration					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Burns / Heat Damage / Glazing					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fraying / Cuts / Pulls in Fibers					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stretched / Kinked / Knots					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bird Caging					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Core Showing / Inner Core Damage					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Full Tucks on Splice / Loose Splice					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Loose or Missing Thimble					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifelines - Vertical					Yes	No	N/A	
Cracked, Dented or Dirty Housing					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Damaged, Bent or Loose Handle					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifelines - Horizontal					Yes	No	N/A	
Tensioner Unit Secure					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Line Tensioned Correct					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swages Held Firm					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shock Absorber in Good Condition					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wire Rope Corrosion					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shuttle Operates Properly					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifelines - Both					Yes	No	N/A	
Labels Present and Legible					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thimbles Held Firm					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Screws, Nuts, Bolts are Secure					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Missing Parts					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rescue System					Yes	No	N/A	
Connector Fully Closes					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rope is Clean / No Frays or Knots					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulley System Operates Properly					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pole is Free of Cracks and Telescopes					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anchorage Connector is Secure					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inspector Signature - _____

Date: _____