

Form Number LLCF-025	Issue Date 10/07/08	Revision Date 06/15/23	Form Number LLCF-025
Fall Protection Inspection Checklist			

Customer: _____

Location: _____

Inspector: _____

Equipment ID #: _____

This inspection is to be used every time fall protection is used and rescue plan completed.					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		Connectors	Yes	No	N/A
Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cracked / Corroded / Bent / Distorted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sharp Edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reserve Line Deployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Missing Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buckles	Yes	No	N/A		Mislabeled / Marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged / Cracked / Corroded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Sticky Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burrs / Sharp Edges / Bent / Distorted	<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"/>
Poor Function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Excess Dirt / Grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Shock Absorber	Yes	No	N/A
Labels	Yes	No	N/A		Missing Plastic Cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Present and Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Excessive Soiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		UV Damage or Glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Keepers	Yes	No	N/A		Cuts / Tears / Holes / Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Deployed / Stretched / Elongated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Rope	Yes	No	N/A
Stitching	Yes	No	N/A		Paint / Rust Staining	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cut / Broken / Pulled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Dirt / Grease / Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing Stitch Pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Burns / Heat Damage / Glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Fraying / Cuts / Pulls in Fibers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webbing	Yes	No	N/A		Stretched / Kinked / Knots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts / Tears / Holes / Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Bird Caging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burns / UV Damage / Glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Core Showing / Inner Core Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frays / Knots	<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"/>
Grease / Grime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Loose or Missing Thimble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Lifelines - Vertical	Yes	No	N/A
Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Cracked, Dented or Dirty Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing / Damaged Stitch pattern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Damaged, Bent or Loose Handle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanent Marks on Load Bearing Web	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Lifelines - Horizontal	Yes	No	N/A
Wire Rope	Yes	No	N/A		Tensioner Unit Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Line Tensioned Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corroded / Kinked / Distorted Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Swages Held Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing / Damaged Thimble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Shock Absorber in Good Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loose Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Wire Rope Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken Wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Shuttle Operates Properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strand Separation / Bird caging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Lifelines - Both	Yes	No	N/A
D-Ring Plate (back pad)	Yes	No	N/A		Labels Present and Legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Thimbles Held Firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Screws, Nuts, Bolts are Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing or Damaged Plastic Keeper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Missing Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-Rings	Yes	No	N/A		Rescue System	Yes	No	N/A
Cracked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Connector Fully Closes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welded	<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"/>
Bent / Distorted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Pulley System Operates Properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corroded	<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"/>
Sharp Edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Anchorage Connector is Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*** Self-Rescue – Suspension trauma (Leg up) straps are on harness and in good shape ***					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Inspector Signature - _____

Date: _____