

Form Number LLCF-025	Issue Date 10/07/08	Revision Date 01/15/25	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			
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"/>			
*** 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: _____