

Form Number LLCF-025	Issue Date 10/07/08	Revision Date 01/15/26	Form Number LLCF-025
<b>Fall Protection Inspection Checklist</b>			

Customer: \_\_\_\_\_

Location: \_\_\_\_\_

Inspector: \_\_\_\_\_

Equipment ID #: \_\_\_\_\_

<i>This inspection is to be used every time fall protection is used and rescue plan completed.</i>					<b>Yes</b>	<b>No</b>	<b>N/A</b>
GIS Issued Fall Protection?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Impact Indicator (Where Applicable)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Connectors</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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"/>
<b>Buckles</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	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"/>	<b>Shock Absorber</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Labels</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	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"/>
<b>Plastic Keepers</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	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"/>	<b>Rope</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Stitching</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	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"/>
<b>Webbing</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	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"/>	<b>Lifelines - Vertical</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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"/>	<b>Lifelines - Horizontal</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>Wire Rope</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	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"/>	<b>Lifelines - Both</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
<b>D-Ring Plate (back pad)</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	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"/>
<b>D-Rings</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Rescue System</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
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: \_\_\_\_\_

GIS Company Name - \_\_\_\_\_