

Form Number LLCF-074	Issue Date 03/17/16	Revision Date 06/15/23	Form Number LLCF-074
	<b>Rope Access Equipment Inspection</b>		

HARNESSES										
Inspector:				Date:				Equipment I.D.:		
Manufacturer:				Model:				Serial #:		
Date of Manufacture:										
Inspection Purpose:    Quarterly <input type="checkbox"/> Initial Inspection <input type="checkbox"/> Post-Repair <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Post-Incident <input type="checkbox"/>										
Obvious Visual Defects Noted:										
WEBBING								N/A	PASS	FAIL
Check for cuts, chemical / thermal damage, severely frayed or abraded areas.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check for damaged stitching, eye reinforcements and impact indicators.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HARDWARE										
Check for damage, distortion, corrosion and good working condition.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LABELS										
All labels must be present and fully legible.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL INSPECTION ACCEPTANCE CRITERIA										
This equipment has been inspected and found to be in good working conditions.								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the inspection reveals an unsafe or defective condition, Tag <b>DO NOT USE</b> and remove from service immediately. <b>Removed from service date:</b>										
Comments:										
ASCENDING AND DESCENDING HARDWARE EQUIPMENT										
ASAP serial #:				JUMAR serial #:				ID serial #:		
Inspection Purpose:    Quarterly <input type="checkbox"/> Initial Inspection <input type="checkbox"/> Post-Repair <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Post-Incident <input type="checkbox"/>										
Obvious Visual Defects Noted:										
Comments								N/A	PASS	FAIL
ID:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASAP:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CROLL:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JUMAR:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ETRIER:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COW TAILS:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KARABINERS:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHUNT:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROPE PROTECTORS:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PULLEY:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WIRE SLINGS:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BEAM CLAMP:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASAP SORBER:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAPE SLINGS:								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White (1 <sup>st</sup> Qtr.) <input type="checkbox"/>		Green (2 <sup>nd</sup> Qtr.) <input checked="" type="checkbox"/>			Red (3 <sup>rd</sup> Qtr.) <input type="checkbox"/>			Blue (4 <sup>th</sup> Qtr.) <input type="checkbox"/>		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_