

Form Number LLCF-074	Issue Date 03/17/16	Revision Date 01/01/24	Form Number LLCF-074
Rope Access Equipment Inspection			

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 DO NOT USE and remove from service immediately. Removed from service date:				
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 st Qtr.) <input type="checkbox"/>	Green (2 nd Qtr.) <input checked="" type="checkbox"/>	Red (3 rd Qtr.) <input type="checkbox"/>	Blue (4 th Qtr.) <input type="checkbox"/>	

Signature: _____ Date: _____