

| | | | |
|-------------------------|---|------------------------|-------------------------|
| Form Number LLCF-074 | Issue Date 03/17/16 | Revision Date 01/15/25 | 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: _____