

Form Number LLCF-074	Issue Date 03/17/16	Revision Date 01/15/26	Form Number LLCF-074
Rope Access Equipment Inspection			

HARNESS

Inspector:		Date:		Equipment I.D.:		
Manufacturer:		Model:		Serial #:		
Date of Manufacture:		GIS Company Name:				
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
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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: _____