

Form Number LLCF-074	Issue Date 03/17/16	Revision Date 06/15/21	Form Number LLCF-074
Rope Access Equipment Inspection			

HARNESS

Inspector:	Date:	Equipment I.D.:	
Manufacturer:	Model:	Serial #:	
Date of Manufacture:			

Inspection Purpose: Quarterly Initial Inspection Post-Repair Quality Assurance Post-Incident

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	N/A	PASS	FAIL
Check for damage, distortion, corrosion and good working condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LABELS	N/A	PASS	FAIL
All labels must be present and fully legible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL INSPECTION ACCEPTANCE CRITERIA	N/A	PASS	FAIL
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 #:	
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Inspection Purpose: Quarterly Initial Inspection Post-Repair Quality Assurance Post-Incident

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"/>
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Signature: _____ Date: _____