

Form Number LLCF-075	Issue Date 03/17/16		Revision Date 06/15/23		Form Number LLCF-075
	<h1>Rope Access Static Rope Inspection</h1>				

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:						
				N/A	PASS	FAIL
Check for cuts, frays, or abrasion areas.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check for chemical or thermal damage.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check for compression damage						
Check for interior core damage.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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:						
STATIC ROPE WORK HISTORY AND EXPOSURE						
Date	Work Performed			HEAT	EDGES	TENSION
White (1 st Qtr.) <input type="checkbox"/>		Green (2 nd Qtr.) <input type="checkbox"/>		Red (3 rd Qtr.) <input type="checkbox"/>		Blue (4 th Qtr.) <input type="checkbox"/>

Signature: _____

Date: _____