| Form Number LLCF-075 | Issue Date 03/17/16 | Revision Date 01/15/26 | Form Number LLCF-075 |
|---|---|---|---|
| | **Rope Access Static Rope Inspection** | | |

| | | | | | |
|---|---|---|---|---|---|
| Inspector: | | Date: | | Equipment I.D.: | |
| Manufacturer: | | Model: | | Serial #: | |
| Date of Manufacture: | | GIS Company Name | | | |
| Inspection Purpose: Quarterly ☐ Initial Inspection ☐ Post-Repair ☐ Quality Assurance ☐ Post-Incident ☐ | | | | | |
| Obvious Visual Defects Noted: | | | | | |

| | N/A | PASS | FAIL |
|---|---|---|---|
| Check for cuts, frays, or abrasion areas. | ☐ | ☐ | ☐ |
| Check for chemical or thermal damage. | ☐ | ☐ | ☐ |
| Check for compression damage | | | |
| Check for interior core damage. | ☐ | ☐ | ☐ |
| All labels must be present and fully legible. | ☐ | ☐ | ☐ |
| **OVERALL INSPECTION ACCEPTANCE CRITERIA** | | | |
| This equipment has been inspected and found to be in good working conditions. | ☐ | ☐ | ☐ |

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 |
|---|---|---|---|---|
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|---|---|---|---|
| White (1st Qtr.) ☐ | Green (2nd Qtr.) ☐ | Red (3rd Qtr.) ☐ | Blue (4th Qtr.) ☐ |

Signature: _____ Date: _____