Form Number LLCF-075	Issue Date 03/17/16	Revision Date 06/15/21	Form Number LLCF-075
	Rope Access Static Rope Inspection		

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:

	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

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

Signature: _____ Date: _____