

INSPECTION FORM

Horizontal Lifelines

Inspection Date: _____

Owner/Company: _____

Manufacturer: _____

Inspector Name: _____

Date of Manufacture: _____

Signature: _____

Model #: _____

Date Issued: _____

Serial #: _____

Community Product: YES NO

LABELS & MARKINGS

PASS FAIL NOTE

	PASS	FAIL	NOTE
Label Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Label Legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate ANSI/OSHA Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARDWARE

PASS FAIL NOTE

	PASS	FAIL	NOTE
Corrosion or Rust Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deformation (Pitting or Nicks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Snaphook Gates (Self Locking/Closing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tensioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



WEBBING/ROPE/CABLE

PASS FAIL NOTE

	PASS	FAIL	NOTE
Webbing Cuts, Burns, or Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing, Broken, or Loose stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination (Stitch, Splice, Swage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rope or Cable is Frayed, Cut or Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



SHOCK ABSORBER

PASS FAIL NOTE

	PASS	FAIL	NOTE
Energy Absorber (Impacted or Deployed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage (Pitting, Nicks, Corrosion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage / Fraying / Broken Stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES:

SUMMARY:

Acceptable

Unacceptable

Reason:

DISPOSITION:

- Returning to service
- Destroyed (Date) _____
- Other _____

Next Inspection Date: _____