

STATE CENTER COMMUNITY COLLEGE DISTRICT

PERSONAL FALL ARREST EQUIPMENT INSPECTION CHECKLIST

Location: _____ Harness I. D.: _____
 Inspected By: _____ Date: _____

This checklist is to be completed on a scheduled periodic basis as directed by the organization's policy, or otherwise at least semi-annually. Mark potential hazards according to your judgment. Check all items that apply, and make comments on the back of this page. Send a copy of this report to the person responsible for the safety program. Document corrective action taken later on a separate report. Keep this record for at least a year.

Harness description (manufacturer, type, attachments, lanyard, etc.): _____

Condition Reviewed	Yes	No	N/A	Date Completed
Is the harness manufacturer's inspection recommendations available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If so, was it used for this inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are the snaps, buckle, D-rings, thimbles and wear pads, if any, free of distortion, sharp edges, burrs, cracks, worn parts and corrosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the snap keeper spring keep the snap closed in the locked position without sideways movement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are rivets and grommets tightly embedded in the material with no distortion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are all fibered materials free of frayed material, broken fibers, pulled stitches, tears, abrasions, mold, burns, or discoloration? (Inspect webbing by bending over a 1½-in. diameter object.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are rope lifelines and rope lanyard splices tight with at least five full tucks? (Inspect the rope by twisting.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do extension-type shock absorbing devices show no evidence of elongation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Since the last inspection, was this harness, lanyard or lifeline used to hoist materials or subjected to sustaining a falling wearer? (If so, discard and replace.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is this harness stored properly (in a clean, dry area free of chemicals and out of direct sunlight)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
If cleaned, was a mild soap used and then allowed to air dry (no forced hot air)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Was the harness tagged to document this inspection with a tag containing the inspection date?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do the harness and lanyards have labels stating compliance with ANSI A10.14?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____