



Equipment Description:

Manufacturer Name:

Date of Manufacture:

Model Number:

Lot Number:

Serial Number:

Are all labels and markings present, secured, and legible?  Yes  No

Has the impact indicator been activated?  Yes  No  Not applicable

Webbing / Cable	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Stitching / Swaging	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Wear Pad / Wear Sleeve / Thimbles	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
O-Rings / D-Rings	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>

Note: Refer to product Instructions for Use for inspection criteria.

<p><b>What is the overall assessment of this item?</b></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p>
<p><b>Equipment Inspector:</b></p> <input type="text"/>
<p><b>Date inspected:</b></p> <input type="text"/>



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<b>Webbing / Padding</b>	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
<b>Stitching</b>	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
<b>Buckles</b>	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
<b>D-Ring(s) / Dorsal D-Ring assembly</b>	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
<b>Suspension Trauma Straps</b>	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
<b>Strap Keepers / Lanyard Holder</b>	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>

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<b>Equipment Inspector:</b>	<b>Date inspected:</b>	
<input type="text"/>	<input type="text"/>	



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Energy Absorber	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
Webbing / Rope / Cable	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
Stitching / Swaging / Splice	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
Loop Protectors / Thimbles	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
Snap Hooks / Carabiners	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	

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<p><b>What is the overall assessment of this item?</b></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p>
<p><b>Equipment Inspector:</b></p> <p>_____</p>
<p><b>Date inspected:</b></p> <p>_____</p>



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Energy Absorber	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Cable / Webbing	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Loop Protectors / Thimbles / Bumpers	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Top and Bottom Connectors	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Housing	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Working Mechanism	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>

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<p><b>What is the overall assessment of this item?</b></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p>
<p><b>Equipment Inspector:</b></p> <input type="text"/>
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Arrester Encloser Exterior and Interior	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Rope Retainer	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Working Mechanism	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Rope Lifeline	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Splices / Thimbles	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Snap Hooks / Carabiners	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>

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<p><b>What is the overall assessment of this item?</b></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p>
<p><b>Equipment Inspector:</b></p> <input type="text"/>
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Webbing / Rope / Cable Lifeline	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Stitching / Splice / Swagging	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Snap Hooks / Carabiners	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Loop Protectors / Thimbles / Ferrules	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Energy Absorber	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
Lifeline Tensioner	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>
	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="text"/>

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<p><b>What is the overall assessment of this item?</b></p> <p><input type="checkbox"/> Pass <input type="checkbox"/> Fail</p>
<p><b>Equipment Inspector:</b></p> <input type="text"/>
<p><b>Date inspected:</b></p> <input type="text"/>



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<b>Kernmantle Rope Lifeline</b>	_____
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
<b>Stitching / Thimbles</b>	_____
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
<b>Snap Hooks / Carabiners</b>	_____
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
<b>Housing / Rescue Hub</b>	_____
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
<b>Working Mechanism</b>	_____
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
<b>Camming Cleats / Pigtail</b>	_____
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
	_____
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
	_____
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	

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_____	_____	



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<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	
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