





Equipment Description:			
Manufacturer Name:		ate of lanufacture:	
Model Lot Number: Number	er:	Serial Number:	
Are all labels and markings present, secu	red, and legible?	s No	
Has the impact indicator been activated	Ye	s No	Not applicable
Webbing / Cable			
Accepted Rejected			
Stitching / Swaging			
Accepted Rejected			
Wear Pad / Wear Sleeve / Thimbles			
Accepted Rejected			
O-Rings / D-Rings			
Accepted Rejected			
Accepted Rejected			
Accepted Rejected			
Accepted Rejected			
Accepted Rejected			
Note: Refer to product Instructions for Use	e for inspection criteria.		
What is the overall assessment of	this item?	Pass	Fail
Equipment Inspector:		Date inspected:	







Description:				
Manufacturer Name:		Date of Manufacture:		
Model Lot Number: Number	er:	Serial Number:		
Are all labels and markings present, secu	red, and legible?	Yes	No	
Has the impact indicator been activated?		Yes	No	Not applicable
Webbing / Padding				
Accepted Rejected				
Stitching				
Accepted Rejected				
Buckles				
Accepted Rejected				
D-Ring(s) / Dorsal D-Ring assembly				
Accepted Rejected				
Suspension Trauma Straps				
Accepted Rejected				
Strap Keepers / Lanyard Holder				
Accepted Rejected				
Accepted Rejected				
Accepted Rejected				
Note: Refer to product Instructions for Use for inspection criteria.				
What is the overall assessment of	this item?	Pass		Fail
Equipment Inspector:		Date insp	ected:	



Lanyards and Energy Absorber Inspection Checklist

Description:					
Manufacturer Name:		Date of Manufacture:			
Model Lot Number: Number	er:	Serial Number:			
Are all labels and markings present, secu	red, and legible?	Yes	No		
Has the impact indicator been activated?		Yes	No	Not applicable	
Energy Absorber					
Accepted Rejected					
Webbing / Rope / Cable					
Accepted Rejected					
Stitching / Swaging / Splice					
Accepted Rejected					
Loop Protectors / Thimbles					
Accepted Rejected					
Snap Hooks / Carabiners					
Accepted Rejected					
Accepted Rejected					
Accepted Rejected					
Accepted Rejected					
Note: Refer to product Instructions for Use for inspection criteria.					
What is the overall assessment of	this item?	Pass		Fail	
Equipment Inspector:		Date insp	ected:		



Self-Retracting Devices Inspection Checklist



Description:				
Manufacturer Name:		Date of Manufacture:		
Model Number:	Lot Number:	Serial Number:		
Are all labels and markings presen	nt, secured, and legible?	Yes	No	
Has the impact indicator been act	tivated?	Yes	No	Not applicable
Energy Absorber				
Accepted Rejected				
Cable / Webbing				
Accepted Rejected				
Loop Protectors / Thimbles / Bui	mpers			
Accepted Rejected				
Top and Bottom Connectors				
Accepted Rejected				
Housing				
Accepted Rejected				
Working Mechanism				
Accepted Rejected				
Accepted Rejected				
Accepted Rejected				
Note: Refer to product Instructions	s for Use for inspection criteria.			
What is the overall assessn	nent of this item?	Pass		Fail
Equipment Inspector:		Date insp	ected:	



Vertical Lifelines and Fall Arresters Inspection Checklist



Description:						
Manufacturer Name:				e of nufacture:		
Model Number:	Lot Number	r:		Serial Number:		
Are all labels and markings presen	nt, secur	ed, and legible?	Yes		No	
Has the impact indicator been act	tivated?		Yes		No	Not applicable
Arrester Encloser Exterior and In	terior					
Accepted Rejected						
Rope Retainer						
Accepted Rejected						
Working Mechanism						
Accepted Rejected						
Rope Lifeline						
Accepted Rejected						
Splices / Thimbles						
Accepted Rejected						
Snap Hooks / Carabiners						
Accepted Rejected						
Accepted Rejected						
Accepted Rejected						
Note: Refer to product Instructions for Use for inspection criteria.						
What is the overall assessn	nent of	this item?		Pass		Fail
Equipment Inspector:				Date insp	ected:	
Accepted Rejected Accepted Rejected Accepted Rejected Rejected Note: Refer to product Instructions What is the overall assessn					ected:	Fail



Temporary Horizontal Lifelines Inspection Checklist

Equipment Description:					
Manufacturer Name:		Date of Manufacture:			
Model Lot Number: Number	er:	Serial Number:			
Are all labels and markings present, secu	red, and legible? Ye	es No			
Has the impact indicator been activated?	Ye	es No	Not applicable		
Webbing / Rope / Cable Lifeline					
Accepted Rejected					
Stitching / Splice / Swagging					
Accepted Rejected					
Snap Hooks / Carabiners					
Accepted Rejected					
Loop Protectors / Thimbles / Ferrules					
Accepted Rejected					
Energy Absorber					
Accepted Rejected					
Lifeline Tensioner					
Accepted Rejected					
Accepted Rejected					
Accepted Rejected					
Note: Refer to product Instructions for Use for inspection criteria.					
What is the overall assessment of	this item?	Pass	Fail		
Equipment Inspector:		Date inspected	d:		







Description:					
Manufacturer Name:		Date of Manufactu	re:		
Model Lot Number: Number	er:	Serial Numb			
Are all labels and markings present, secu	red, and legible?	Yes	No		
Has the impact indicator been activated?	?	Yes	No	Not applicable	
Kernmantle Rope Lifeline					
Accepted Rejected					
Stitching / Thimbles					
Accepted Rejected					
Snap Hooks / Carabiners					
Accepted Rejected					
Housing / Rescue Hub					
Accepted Rejected					
Working Mechanism					
Accepted Rejected					
Camming Cleats / Pigtail					
Accepted Rejected					
Accepted Rejected					
Accepted Rejected					
Note: Refer to product Instructions for Use for inspection criteria.					
What is the overall assessment of	f this item?	Pa	iss	Fail	
Equipment Inspector:		Date in	nspected:		



Equipment Description:					
Manufacturer Name:		Date Man	e of oufacture:		
Model Lot Number: Number	er:		Serial Number:		
Are all labels and markings present, secu	ıred, and legible?	Yes		No	
Has the impact indicator been activated	?	Yes		No	Not applicable
	_				
Accepted Rejected					
Accepted Rejected					
Accepted Rejected					
Accepted Rejected					
Accepted Rejected					
Accepted Rejected					
Accepted Rejected					
Accepted Rejected					
Note: Refer to product Instructions for Use for inspection criteria.					
What is the overall assessment o	f this item?		Pass		Fail
Equipment Inspector:			Date insp	ected:	