

# Annual Fall Protection Equipment Inspection Form

<b>Harness Manufacturer</b>		<b>Manufacture Date</b>	
<b>Unique ID Number</b>		<b>Purchase Date</b>	
<input type="checkbox"/> <b>Personal Equipment or</b>	<input type="checkbox"/> <b>Company Equipment</b>	<b>Inspection Date</b>	

**Worker Information**

Yes/No

Certification Number

<b>Workers Name:</b>	<b>Training</b>		
<b>Company Name:</b>	<b>Expiry Date:</b>	<b>Years of Training:</b>	

**Instructions**

This checklist is designed to assist with inspection of the body harness and its attachments for wear, defects or damage. Inspection of fall protection equipment is a regulated requirement to be done before each use as well as once a year. Failure of the inspection process or loss of faith in any component indicates the entire unit must be removed from service. "Loss of faith" can be for a multitude of reasons, such as a fall, contact with a bad substance, or other obvious damage (i.e. dropped off roof, run over by a truck, stains) to age. If there are reasons not listed on the inspection form, loss of faith would be selected. The completed inspection checklist must be maintained so it is readily available for review.

**Note:** This is a sample checklist that may need to be modified to meet site-specific requirements, standards or practice and/or specific manufacturer's instructions for variations of approved fall protection equipment.

WEBBING	YES	NO	N/A	LOSS of FAITH	PASS	FAIL	INITIAL	DETAILS / COMMENTS
UV damage (discoloration), mildew, rotting								
Cuts, frays, abrasion								
Contact with chemicals solvents								
Contact with grease, oil, paint, felt marker								
Soiling, dirt, clay								
Evidence of heat damage (friction, welding splatter, sparks, burn holes)								

D-RINGS (includes hardware, keepers and back pads)	YES	NO	N/A	LOSS of FAITH	PASS	FAIL	INITIAL	DETAILS / COMMENTS
Damage								
Distortion, grooved, bent								
Sharp edges, cracks								
Burrs								
Corrosion								
Evidence of heat damage (friction, welding splatter, sparks, burn holes)								

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<b>BUCKLES &amp; ADJUSTERS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>LOSS of FAITH</b>	<b>PASS</b>	<b>FAIL</b>	<b>INITIAL</b>	<b>DETAILS / COMMENTS</b>
Damage								
Distortion								
Sharp edges, cracks								
Sticky springs								
Bent tongues								
Corrosion								

<b>SNAP HOOKS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>LOSS of FAITH</b>	<b>PASS</b>	<b>FAIL</b>	<b>INITIAL</b>	<b>DETAILS / COMMENTS</b>
Excessive wear								
Excessive dirt								
Sharp edges, cracks								
2 Action open								
Locking action								
Corrosion								

<b>STITCHING</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>LOSS of FAITH</b>	<b>PASS</b>	<b>FAIL</b>	<b>INITIAL</b>	<b>DETAILS / COMMENTS</b>
Fully stitched								
Backstitch present								
Pulled or cut stitches								

<b>LANYARDS &amp; LIFELINES</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>LOSS of FAITH</b>	<b>PASS</b>	<b>FAIL</b>	<b>INITIAL</b>	<b>DETAILS / COMMENTS</b>
Appropriate OHSA / CSA markings or labels								
Cuts, burns, tears or frays								
Abrasion								
Knots								
Excessive soiling								
Contact with chemicals / solvents								
Contact with grease / oil / paint/ marker								
UV damage (discoloration), mildew, rotting								
Evidence of heat damage (friction, welding splatter, sparks, burn holes)								
Distortion of housing								
Spring tension allows for retraction and for retention								
Indicator for activation / deployed								
Broken wires								

LABELS & MARKINGS	YES	NO	N/A	LOSS of FAITH	PASS	FAIL	INITIAL	DETAILS / COMMENTS
Appropriate OHSA / CSA markings or labels								
Legible								
Securely held in place								
Manufacturer's in-service date								

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>Over All Condition And Disposition</b> </div> <input type="checkbox"/> <b>Accepted</b> <input type="checkbox"/> <b>Rejected</b>	Inspected By: _____
	Date: _____

If worker has record of training or certification, foreman or supervisor must declare.

I \_\_\_\_\_ the supervisor of \_\_\_\_\_ declare that he/she is fully competent in the skills of Personal Fall Protection in regards to inspecting the equipment prior to shift, dawning the harness, how to tie off to an anchor of sufficient strength for the style of lanyard used and how to assist is a rescue if another worker falls.

**Supervisors Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Company** \_\_\_\_\_

**Additional Notes:**

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