



STOP if not clear how to do the work

Fall Protection / Rescue Equipment Checklist



When to use

Important: Attached to completed JSA

Complete daily before first use of fall protection or rescue equipment

Date:	Worker name:
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If the equipment below has arrested a fall, the harness, lanyard and life line(s) must be taken out of service and destroyed. Retractable must be inspected before being used again for fall protection

Full body harness info	Rope grab info		Lanyard/Lifeline info		Anchor Point info			
Make:	Make:	Make:	Make:	Make:	Make:	Make:		
Model:	Model:	Type: <input type="checkbox"/> Single <input type="checkbox"/> Double	Model:	Model:	Model:	Model:		
Serial Number:	Serial Number:	Length:	Serial Number:	Serial Number:	Serial Number:	Serial Number:		
Manufacture Date:	Lifeline size (dia):	Shock Absorber: <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacture Date:	Manufacture Date:	Manufacture Date:	Manufacture Date:		
Inspect the Following:	Full body harness		Rope Grab		Lanyard/Lifeline		Anchor Point	
	Ok	Not Ok	Ok	Not Ok	Ok	Not Ok	Ok	Not Ok
Hardware: (includes snap hooks, carabiners, adjusters, keepers, thimbles, D-rings, temporary tie-offs) Look for distortion, sharp edges, burrs, cracks, corrosion and proper operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webbing and Stitching: Inspect for cuts, burns, tears, abrasion frays, excessive soiling, written on, and discoloration. Inspect for pulled or cut stitches Note: writing on webbing, unauthorized modifications, partial deployment of shock absorber are not permitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labels/Equipment information Inspect to ensure all labels are present and held securely in place, all text is legible, directional indicator is visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical components: Locking mechanism functioning, all connectors present and functioning, gates open/close, system operates as designed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ropes: (includes slings, lifelines and lanyards) Inspect for broken threads, fibers, loose eye connections, excessive abrasions, crushing, stretching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Assessment	Ok <input type="checkbox"/>	Replace <input type="checkbox"/>	Ok <input type="checkbox"/>	Replace <input type="checkbox"/>	Ok <input type="checkbox"/>	Replace <input type="checkbox"/>	Ok <input type="checkbox"/>	Replace <input type="checkbox"/>

Comments:

I have reviewed this Checklist and completed a thorough review of the noted fall protection equipment

Name:

Signature:

Date: