

Inspection Checklist - Fall Protection Equipment

Cross Arm Strap



Description:			Model #:	
Serial #:			Date of Manufacture:	
Inspector:			Date Inspected:	
	Description	Pass ✓	Fail ✗	Comments
Strap	Webbing			
	Stitching or Crimp			
	Not Altered			
	Labeling Intact and Legible			
D-rings	No Deformations			
	No Rust			
	No excessive Corrosion			
Tests				
✓ PASS: Initial _____			✗ FAIL: Initial _____ REMOVE FROM SERVICE	
Inspector Signature:				