

INSPECTION FORM HARNESSES

Manufacturer:		Company:			
Model Number:	Name of Inspector: Signature: Date of Inspection: In-Service Date:				
Description:					
Serial Number:					
Lot Number:					
Date of Manufacture:		Harness Configuration:	Chest Strap TB	Leg Straps	Waist Belt No
LABELS & MARKINGS	PASS FAIL NOTE		PRO⊕	CONSTRUCTION	I HARNESS
Label (Intact and Legible)		serent			Shoulder
Appropriate ANSI / OSHA / CSA Markings					Straps
Inspections are Current / Up-to-Date					Chest Strap
Date of First Use					Adjustment Buckles
Impact / Fall Indicators Not Deployed		0		6	

HARDWARE (Buckles & D-Rings)	PASS	FAIL	NOTE
Signs of Deformity of Damage			
Proper D-ring attachment and operation			
All Buckles Undamaged and Operational			
Corrosion / Pitting / Nicks			
Ensure Grommets are Secure / Do Not Move			

WEBBING	PASS	FAIL NO	TE
Shoulder / Chest / Leg / Back Straps			
Cuts / Burns / Holes			
Paint Contamination			
Excessive Wear			
Heat / UV Damage			







