



Manufacturer: _____

Model Number: _____

Description: _____

Serial Number: _____

Lot Number: _____

Date of Manufacture: _____

Company: _____

Name of Inspector: _____

Signature: _____

Date of Inspection: _____

In-Service Date: _____

Lifeline Cable Kernmantle Rope Twisted Rope

Material: Length: _____ Diameter: _____

LABELS & MARKINGS

PASS FAIL NOTE

	PASS	FAIL	NOTE
Label (<i>Intact and Legible</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate ANSI / OSHA Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspections are Current / Up-to-Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of First Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARDWARE

PASS FAIL NOTE

	PASS	FAIL	NOTE
Connector (<i>Self-Closing and Locking</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hook Gate / Rivets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitting / Nicks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MATERIAL (*Rope or Cable*)

PASS FAIL NOTE

	PASS	FAIL	NOTE
Broken / Missing / Loose Stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination (<i>Stitch, Splice or Swage</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Wear (<i>Fraying or Broken Strands</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts / Burns / Holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kinks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separation / Bird-Caging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHOCK PACK (*If Present*)

PASS FAIL NOTE

	PASS	FAIL	NOTE
Cover / Shrink Tube (<i>Don't Cut or Remove</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage / Fraying / Broken Stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact Indicator (<i>Signs of Deployment</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ROPE GRAB (*If Present*)

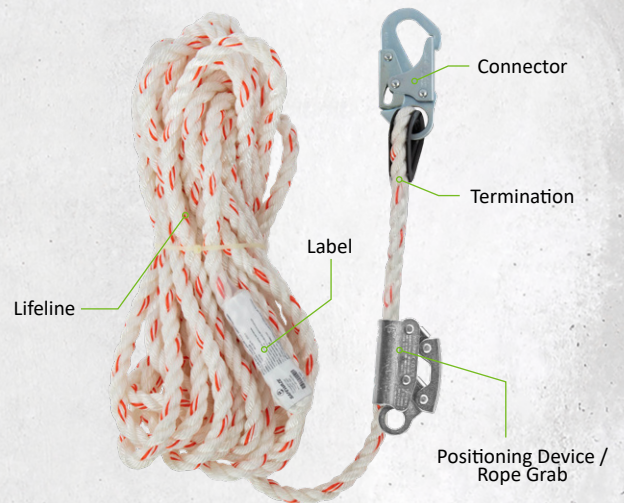
PASS FAIL NOTE

	PASS	FAIL	NOTE
Locks on Lifeline Automatically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves Freely When Disengaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Visible Damage, Rust or Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VERTICAL LIFELINE ASSEMBLY



VERTICAL LIFELINE



NOTES

