

Harness & Lanyard Inspection Log

Harness Manufacturer: _____

Date of Manufacture: _____

Harness Model Number: _____

Harness Serial Number: _____

Inspected By: _____

Date: _____

ITEMS TO CHECK:	WHAT TO CHECK FOR:	REMOVE FROM SERVICE:	APPROVED FOR USE:
Harness Hardware			
Buckles	Corrosion		
	Broken / Bent		
	Distortion		
	Sharp Edges		
	Burrs		
	Cracks		
	Worn Parts		
	Move Freely		
Back Pad	Damage		
	Broken		
	Distortion		
	Cracks		
	Worn Parts		
Loop Keepers	Missing		
	Broken		
	Worn		
	Moves Freely		
Buckle Spring	Moves Freely		
	Spring Functions		
Harness & Lanyard			
D-Rings	Corrosion		
	Broken / Bent		
	Distortion		
	Sharp Edges		
	Burrs		
	Cracks		
	Worn parts		
Webbing	Fraying		
	Cut / Cracked		
	Broken Fibers		
	Tears		
	Abrasions		
	Mould		
	Burns		
	Discoloration		

ITEMS TO CHECK:	WHAT TO CHECK FOR:	REMOVE FROM SERVICE:	APPROVED FOR USE:
Stitching	Pulled Stitches		
	Cut Stitches		
	Broken Stitches		
Labels Present	Legible		
	Manufacturer identified		
	Size identified		
	Date of manufacturer (year & month)		
	Model number		
	Classification		
Lanyard			
Self Locking Snap Hooks	Hook & eye distortions		
	cracks		
Thimble	Tightly seated in eye of splice		
Rope (Rotate while inspecting for:)	Fuzzy, broken or cut fibers		
Shock absorbing pack	Outer portion intact & in good condition		

Inspector's Signature: _____

Date: _____

All PPE must be inspected and maintained according to manufacturer's specifications and regulatory standards.

Manufacturer's recommendations should be followed on the life expectancy of the harness; an inspection of the product by a trained and competent person should decide when retirement of the product must take place. Any doubt about the reliability of the harness should result in its immediate removal from use.

INSPECTION LOG
FULL BODY HARNESS

Manufacturer: _____
Model Number: _____
Inspected By: _____
YY/MM/DD

Date of Manufacture: _____
Serial Number: _____
Date: _____
YY/MM/DD

Buckles:	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
Loop Keepers:	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
"D" Rings:	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
Stitching:	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
Lanyard:	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>

Back Pad:	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
Buckle Spring:	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
Webbing:	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
Labels:	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>
Cleanliness:	PASS	<input type="checkbox"/>	FAIL	<input type="checkbox"/>

Comments:

Inspector's Signature: _____ Date: _____

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