

INSPECTION FORM

FULL BODY HARNESSES

Inspection Date: _____

Manufacturer: _____

Date of Manufacture: _____

Model #: _____

Serial #: _____




Owner/Company: _____




Inspector Name: _____




Signature: _____

Date Issued: _____

Community Product: YES NO

LABELS & MARKINGS	PASS	FAIL	NOTE
			
Label Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Label Legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate ANSI/OSHA Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARDWARE (BUCKLES & D-RINGS)	PASS	FAIL	NOTE
			
Corrosion, Rust, or Deformation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest, Leg, & Waist Buckles (Function)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder Adjustment (Function)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-rings (Dorsal, Hip, Waist, or Sternal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MATERIAL/WEBBING	PASS	FAIL	NOTE
			
Cuts, Burns, or Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing, Broken, or Loose Stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Padding (Ripped, Torn, Worn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact Indicator (Signs of Deployment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NOTES: _____

SUMMARY:

Acceptable

Unacceptable

Reason: _____

DISPOSITION:

Returning to service
 Destroyed (Date) _____
 Other _____

Next Inspection Date: _____