

INSPECTION FORM

SELF-RETRACTING LIFELINE

Inspection Date: _____
 Manufacturer: _____
 Date of Manufacture: _____
 Model #: _____
 Serial #: _____

Owner/Company: _____
 Inspector Name: _____
 Signature: _____
 Date Issued: _____
 Community Product: YES NO

LABELS & MARKINGS	PASS	FAIL	NOTE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>

CONNECTORS/HARDWARE	PASS	FAIL	NOTE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion, Rust, or Deformation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment Point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functioning Gates (Self Locking/Closing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardware Functions In Proper Order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact Indicator on Snaphook (If Present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lifeline (Web or Cable)	PASS	FAIL	NOTE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Termination (Stitch, Splice, Swage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifeline Retraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Braking and Locking Function	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHOCK ABSORBER (If Present)	PASS	FAIL	NOTE
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover / Shrink Tube Intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Energy Absorber (Impacted or Deployed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage / Fraying / Broken Stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NOTES

SUMMARY:

Acceptable

Unacceptable

Reason:

DISPOSITION: Returning to service
 Destroyed (Date) _____
 Other _____

Next Inspection Date: _____