

INSPECTION FORM

CONFINED SPACE TRIPOD

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"/>

LEGS & TRIPOD HEAD	PASS	FAIL	NOTE
Corrosion or Rust Present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deformation (Pitting or Nicks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cracks or Bends in Legs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legs Extend and Collapse Properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARDWARE	PASS	FAIL	NOTE
Connection Points (Cracks, Pitting or Nicks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locking Pins (Missing, or Broken)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination (Stitch, Splice, Swage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chain (Locked, Broken, Missing Links)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tripod Feet (Non-slip rubber feet missing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



NOTES: _____

SUMMARY:

Acceptable

Unacceptable

Reason:

DISPOSITION:

- Returning to service
 Destroyed (Date) _____
 Other _____

Next Inspection Date: _____