

INSPECTION FORM

CONFINED SPACE SRL & WINCH

 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"/>

CONNECTORS/HARDWARE	PASS	FAIL	NOTE
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 (Rope or Cable)	PASS	FAIL	NOTE
Cuts, Burns, or Abrasions	<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"/>



NOTES

SUMMARY:

Acceptable

Unacceptable

 Reason: _____

DISPOSITION:

-
- Returning to service
-
-
- Destroyed (Date) _____
-
- Other _____

Next Inspection Date: _____