



FALL PROTECTION/FALL ARREST – APPENDIX C

PERSONAL FALL PROTECTION CHECKLIST

All employees that are trained in the use of fall protection equipment must inspect their equipment daily and log their findings in the spaces below. Employees must present this form to their managers/supervisors for access to a worksite.

1. GENERAL INFORMATION:

Name of Employee: _____

Department/Work group: _____

Department Manager/Supervisor: _____

2. EQUIPMENT INSPECTION

DATE OF INSPECTION: _____

PRODUCT	DETAIL	GRADE*
Harness (Model Type)	Does webbing have frayed edges, broken fibers, pulled stitches, cuts or chemical damage? Is stitching unraveling?	
Lanyard (Model Type)	Are there signs of fuzzy, worn, broken or cut fibers?	
Hardware	Are grommets or rivets, loose, distorted, broken, or missing? Are steel snaps and "D" rings in good working condition?	
Straps	Are belt holes elongated or torn? Is stitching unraveling? Corrosion damage?	
Cable (Horizontal)	Are there signs of fraying?	
Cable (Vertical)	Are there signs of fraying?	
Tripod System		
Other		

* Use the following grade key: S = Satisfactory U = Unsatisfactory D = Damaged

3. COMMENTS/RECOMMENDATIONS:

The above information is accurate to the best of my knowledge:

Date

Employee Name (Printed)

Signature

Date

Supervisor Name (Printed)

Signature