

# INSPECTION FORM

# Full Body Harness



**OSHA 1926.502(d)(21)**

Personal fall arrest systems shall be inspected before each use. In case of damage, deterioration and defective components, it should be removed from maintenance services.



**6.1 Inspection**

6.1.1 Equipment SHALL be inspected by the user before each use and, additionally, by a competent person other than the user at intervals of no more than one year

**Frequency of inspection in the following categories:**

General Industry: \_\_\_\_\_ Construction: \_\_\_\_\_

Your Organization: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

**Manufacturer of equipment:**

Name of Manufacturer: \_\_\_\_\_

Serial #: \_\_\_\_\_ Model #: \_\_\_\_\_

Date of Manufacture: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Inspection:**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of competent person:**

**Name of user (authorized person):**



**INSPECT**    **1** HARDWARE    **2** WEBBING  
                   **3** STITCHING    **4** LABELS/TAG

1	HARDWARE	PASS	FAIL	NOTE
	Rust/corrosion			
	Deformed/bent			
	Burrs/cracks			
	Weld spots/slag			
	Missing rivets			
	Springs			
	Functionality			
	Other			

2	WEBBING	PASS	FAIL	NOTE
	Cuts/burns/holes			
	Excessive wear			
	Excessive UV damage			
	Chemical attack			
	Other			

3	STITCHING	PASS	FAIL	NOTE
	Missing			
	Loose			
	Broken			
	Other			

4	LABELS/TAGS	PASS	FAIL	NOTE
	Missing			
	Illegible			
	Dates			
	Other			

\*Before inspection, please carefully review the operating instructions to fully understand the structure and compatibility of the equipment.