INSPECTION FORM

VERTICAL LIFELINES

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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

rrequency of inspection in the f	ollowing 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 perso	n):



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



1	HARDWARE	PASS	FAIL	NOTE
Connec	ctor (Self-Closing & Locking)			
Hook Gate / Rivets				
Corrosion				
Pitting / Nick				

2	MATERIAL	PASS	FAIL	NOTE
Broken	/ Missing / Loose Stitching			
Termino	ation (Stitch, Splice, or Swage)			
Excess Strands	ive Wear (Fraying or Broken			
Cuts /	Burns / Holes			
Kinks				
Separe	ation / Bird-Caging			

3	SHOCK PACK	PASS	FAIL	NOTE
Cover / or Rem	' Shrink Tube (Don't Cut ove)			
Damage / Fraying / Broken Stitching				
Impact Deploy	Indicator (Signs of ment)			

4	ROPE GRAB	PASS	FAIL	NOTE
Locks o	n lifeline automatically			
Moves	freely when disengaged			
No visik	ole damage, rust or corrosion			

5	LABELS/TAGS	PASS	FAIL	NOTE
Missing				
Illegible				
Dates				
Othe	er			

