



Fall Prevention Equipment PPE Inspections

These forms are only to be used by trained personnel.

Inspections of all fall prevention PPE personnel protection equipment shall be conducted as per Safe work procedure requirements.

1. Before and after use (visual).
2. 6 Monthly Programmed Maintenance Inspection.

Inspection Instructions

1. Inspector must fill in 1 full completed inspection sheet to cover all passed equipment prior to returning inspected equipment into service.
2. Inspector must fill in 1 inspection sheet per failed item, Inspection sheet must include clear and relevant details of the none compliance issue.

Name	Title	Date	Time
<input type="text"/>	<input type="text"/>	<input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	<input type="text"/>

Adjustment Limiter	YES	NO	COMMENTS
CORRODED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEFORMED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MISSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

D-Rings	YES	NO	COMMENTS
CRACKED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
WELDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BENT / DISTORTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CORRODED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
SHARP EDGES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Standard buckles	YES	NO	COMMENTS
CRACKED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
POOR FUNCTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MISSING PARTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CORRODED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BURRS / SHARP EDGES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BENT / DISTORTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DAMAGED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Fast acting buckles	YES	NO	COMMENTS
CRACKED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
SHARP EDGES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MISSING PARTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CORRODED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
LABELLED I MARKED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BENT OR DISTORTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
STICKY GATES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
STAYS OPEN I WON'T LOCK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
EXCESS DIRT I GREASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CLOSES BUT DOESN'T LOCK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
SINGLE ACTION (NO LOCK ON GATE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Inspection Tag	YES	NO	COMMENTS
PRESENT AND ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
FADED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Elastic keepers	YES	NO	COMMENTS
MISSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DAMAGED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Labels	YES	NO	COMMENTS
PRESENT AND ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
LEGIBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>



Fall Prevention Checklist

Wire rope

	YES	NO	COMMENTS
HEAT DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
KINKED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MISSING / DAMAGED THIMBLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
LOOSE TERMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CORROSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DISTORTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BROKEN WIRES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
SEPARATION OF STRANDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
ABRADED WIRES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BIRDCAGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Webbing

	YES	NO	COMMENTS
CUTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
TEARS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HOLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BURNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
FRAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
KNOTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
UV DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
GREASE / GRIME	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PAINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DISCOLOURATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MOULD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MISSING / DAMAGED STITCH PATTERN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HEAT DAMAGE / GLAZING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PERMANENT MARKING ON LOAD BEARING WEBBING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
ABRASION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Shock absorber

	YES	NO	COMMENTS
CUTS / TEARS / ABRASIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DEPLOYED / STRETCHED / ELONGATED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PLASTIC COVER MISSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HOLES / BURNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
UV DAMAGE / FADING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
EXCESSIVE SOILING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Rope

	YES	NO	COMMENTS
SPLICE LOOSE / COMING OUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
THIMBLE LOOSE / MISSING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
INNER CORE DAMAGE – VOIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
FRAYING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CORE SHOWING THROUGH SHEATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CUTS / PULLS IN FIBRES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BURNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
KNOTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
HEAT DAMAGE / GLAZING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BIRD CAGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DISCOLOURATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
DIRT / GREASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
STRETCHED / KINKED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5 FULL TUCKS ON ROPE SPLICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PAINT / RUST STAINING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Stitching

	YES	NO	COMMENTS
CUT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BROKEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
PULLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
MISSING STITCH PATTERNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
BURNED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional comments:

Labels

ACTION TO BE TAKEN	OVERALL PASS OR FAIL
<p>Select one only</p> <p><input type="checkbox"/> DANGER TAG APPLIED AND SENT FOR SECOND OPINION <input type="checkbox"/> RETURN TO SERVICE</p> <p><input type="checkbox"/> CONTACT MANUFACTURER FOR CLARIFICATION <input type="checkbox"/> REMOVED FROM SERVICE AND MADE INOPERABLE</p>	<p>Select one only</p> <p>Pass <input type="checkbox"/> or Fail <input type="checkbox"/></p>

Inspector (name and signature)

Client Representative (name and signature)

Inspection date