FALL-ARRESTING EQUIPMENT INSPECTION REPORT

QUALIFIED INSPECTOR	DATE
JOB TITLE	PERSONNEL/SOCIAL SECURITY/ID NO.
PROJECT NAME	BADGE NO.
PROJECT LOCATION	PROJECT NO./CONTRACT NO.
AREA	CREW

INSTRUCTIONS:
1. Check all parts of FALL ARRESTING EQUIPMENT for excessive wear and damage.
2. Initialize each item [illegible] for "Passed Inspection" or "Rejected" if failed inspection.
3. Perform inspection quarterly.
4. Submit completed report to the Site Safety Representative.

EMPLOYEE NAME	BADGE NO.	MANUFACTURER'S SERIAL NO.	HARNESS WEBBING OR LEATHER	ALL STITCHING	RIVETS AND EYELETS	D-RING(S) BUCKLE(S) (INCLUDE TONGUE)	BODY PAD (IF APPLICABLE)	LANYARD	LIFELINES	HOOK-SAFETY LATCH	ENGINEERED ANCHOR POINTS	CERTIFICATION OF DATA TAG

DATE	QUALIFIED INSPECTOR'S SIGNATURE