

<b>FULL BODY HARNESS INSPECTION CHECKLIST</b>			Ref:	
			Page 1 of 3	
Dept.	Date:	Rev.		

ID. No:		Date Inspected:	
Date of Manufacture:			

No	Condition/Fault	Condition		Comments
		Pass	Fail	
<b>WEBBING (FIBROUS PARTS)</b>				
1.	Cuts, Cracks, or tears	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Fraying/Abrasion Damage	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Excessive Stretching	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Deterioration due to rotting/Mildew	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Deterioration due to ultraviolet light Discoloration	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Damage due to contact with heat corrosives, solvents	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Burns / Scorch Marks, Charring or melted fibers	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Reduction in Width	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Reduction in Thickness	<input type="checkbox"/>	<input type="checkbox"/>	
10.	Distortion in Harness Weave Pattern	<input type="checkbox"/>	<input type="checkbox"/>	
11.	Modifications by user	<input type="checkbox"/>	<input type="checkbox"/>	
12.	Missing Straps	<input type="checkbox"/>	<input type="checkbox"/>	
13.	Hard or Shiny Spots	<input type="checkbox"/>	<input type="checkbox"/>	
14.	Material marked with permanent marker	<input type="checkbox"/>	<input type="checkbox"/>	
15.	Cuts, Cracks, or tears	<input type="checkbox"/>	<input type="checkbox"/>	
<b>STITCHING</b>				
1.	Broken Cut or worn Threads	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Damage or weakening due to contact with heat, corrosives, Solvents, or Mildew	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Loose Stitching	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Missing Stitching	<input type="checkbox"/>	<input type="checkbox"/>	

<b>FULL BODY HARNESS INSPECTION CHECKLIST</b>			Ref:	
			Page 2 of 3	
Dept.	Date:	Rev.		

<b>HARDWARE</b>				
	<b>SNAPHOOKS</b>	<input type="checkbox"/>	<input type="checkbox"/>	
1.	Opening up of Snap hook throat	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Cracks or forging folds	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Wear at swivels or latch pivot pin	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Open Rollers	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Lack of free movement of latch over the full travel	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Broken, weak, or misplaced latch springs	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Dirt, corrosion, or other obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
<b>"D" RINGS</b>				
1.	Excessive "Vertical" movement of the portion	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Cracks	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Distortion or other physical damage	<input type="checkbox"/>	<input type="checkbox"/>	
4.	Excessive loss of cross-section due to wear	<input type="checkbox"/>	<input type="checkbox"/>	
5.	Dirt, corrosion, or other obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
<b>BUCKLES AND ADJUSTERS</b>				
6.	Cracks or forging folds	<input type="checkbox"/>	<input type="checkbox"/>	
7.	Bent Tongues	<input type="checkbox"/>	<input type="checkbox"/>	
8.	Open Rollers	<input type="checkbox"/>	<input type="checkbox"/>	
9.	Dirt, corrosion, or other obstructions	<input type="checkbox"/>	<input type="checkbox"/>	
<b>PLASTIC PARTS</b>				
1.	Thimble	<input type="checkbox"/>	<input type="checkbox"/>	
2.	Separator at Back of Harness	<input type="checkbox"/>	<input type="checkbox"/>	

	<b>FULL BODY HARNESS INSPECTION CHECKLIST</b>			Ref:	
	Dept.	Date:	Rev.	Page <b>3</b> of <b>3</b>	

**Note:**

*Fall protection equipment shall be inspected by the authorized person at least once at the beginning of each shift.*

*Please turn over the Full body harness item description*

**Observations and Remarks:**

Prepared By: Contractor Supervisor

Name: \_\_\_\_\_

Contractor : \_\_\_\_\_

Location : \_\_\_\_\_

Verified By: Safety Supervisor

Name: \_\_\_\_\_

Contractor : \_\_\_\_\_

Approved By: Org. Representative

Name: \_\_\_\_\_

Designation :

(Valid for 15 days)