

# INSPECTION FORM

## SELF-RETRACTING LIFELINE

Serial # _____	Owner/Company: _____
Date of First Use: _____	Inspector: _____
Date of Manufacture: _____	Date of Inspection: _____

### LABELS & MARKINGS

	Pass	Fail
Are labels intact & legible?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate ANSI/OSHA/CSA markings visible?	<input type="checkbox"/>	<input type="checkbox"/>
Are inspections are current/up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
Is date of first use documented?	<input type="checkbox"/>	<input type="checkbox"/>

### HARDWARE (BUCKLES & D-RINGS)

	Pass	Fail
Is fall indicator tripped?	<input type="checkbox"/>	<input type="checkbox"/>
Is connector free corrosion/cracks/pitting/deformation?	<input type="checkbox"/>	<input type="checkbox"/>
Does connector latch seat into nose properly?	<input type="checkbox"/>	<input type="checkbox"/>
Does connector spring firmly close latch?	<input type="checkbox"/>	<input type="checkbox"/>
Does connector keeper lock gate properly?	<input type="checkbox"/>	<input type="checkbox"/>

### HOUSING

	Pass	Fail
Is housing free of cracks/defects/blemishes?	<input type="checkbox"/>	<input type="checkbox"/>
Are all fasteners present/tight?	<input type="checkbox"/>	<input type="checkbox"/>
Does anchor point rotate and undamaged?	<input type="checkbox"/>	<input type="checkbox"/>

### LIFELINE

	Pass	Fail
Is termination tight/undamaged?	<input type="checkbox"/>	<input type="checkbox"/>
Is cable free of cuts or fraying (100%)?	<input type="checkbox"/>	<input type="checkbox"/>
Does braking mechanism function per design?	<input type="checkbox"/>	<input type="checkbox"/>
Does lifeline retract properly?	<input type="checkbox"/>	<input type="checkbox"/>
Are cable strands all intact?	<input type="checkbox"/>	<input type="checkbox"/>
Is buffer spring undamaged?	<input type="checkbox"/>	<input type="checkbox"/>
Does cable show excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>



### NOTES