

INSPECTION FORM

Self-Retracting Lifelines



+1 (800) 466 6385

customer.service@guardianfall.com

Manufacturer: _____

Model #: _____

Description: _____

Serial #: _____

Lot #: _____

Date of Manufacture: _____

Labels & Markings

PASS FAIL

Label (Intact & Legible)

☐ ☐

Appropriate ANSI/OSHA/CSA Markings

☐ ☐

Inspections are Current / Up-to-Date

☐ ☐

Date of First Use

☐ ☐

Shock Pack (if Present)

PASS FAIL

Cover / Shrink Tube (Don't Cut or Remove)

☐ ☐

Damage / Fraying / Broken Stitching

☐ ☐

Impact Indicator (Signs of Deployment)

☐ ☐

Housing

PASS FAIL

Connection Point Rivets

☐ ☐

Nuts / Bolts / Screws

☐ ☐

Evidence of Damage (Dents/Cracks/Rust)

☐ ☐

Lifeline (Web or Cable)

PASS FAIL

Termination (Stitch, Splice, or Swage)

☐ ☐

Cuts / Fraying / Broken Stitching

☐ ☐

Excessive Wear

☐ ☐

Cable Separating / Bird-Caging

☐ ☐

Entire Length Retracts Smoothly

☐ ☐

Test Braking / Locking Function

☐ ☐

Connectors

PASS FAIL

Connector (Self-Closing & Locking)

☐ ☐

Carabiner Body / Rivets

☐ ☐

Corrosion

☐ ☐

Pitting / Nicks

☐ ☐

Owner / Company: _____

Name of Inspector: _____

Signature: _____

Date of Inspection: _____

In-Service Date: _____

Clear Form

**HEIGHT SAFETY.
SIMPLIFIED.**

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