

INSPECTION FORM Carabiner

Serial # Date of First Use: Date of Manufacture:	Owner/Company: Inspector: Date of Inspection:	
Date of Manufacture.		tte of inspection.
LABELS & MARKINGS	Pass Fail	
Are labels intact & legible?		
Are appropriate ANSI/OSHA/CSA markings visible?		
Body	Pass Fail	
Any sign of excessive wear?		
Any sign of deformation?		Body
Free of corrosion/holes ?		Body
Free of pitting/nicks?		
Gate	Pass Fail	Nose Nose
Does connector self close and lock?		Gafte str
Is it a smooth operation?		Markings —
Any sign of deformation?		Gate
Is connector clean, free of dirt or grit?		
Is lateral movement functional?		The second secon
NOTES		