

INSPECTION FORM HARNESSES

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 current/up-to-date?	<input type="checkbox"/>	<input type="checkbox"/>
Is date of first use documented?	<input type="checkbox"/>	<input type="checkbox"/>

WEBBING

	Pass	Fail
Are shoulder/chest/leg/back straps intact?	<input type="checkbox"/>	<input type="checkbox"/>
Are cuts/burns/holes present?	<input type="checkbox"/>	<input type="checkbox"/>
Is paint contamination present?	<input type="checkbox"/>	<input type="checkbox"/>
Any signs of excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>
Any signs of heat/UV damage?	<input type="checkbox"/>	<input type="checkbox"/>

STITCHING

	Pass	Fail
Are shoulder/chest/leg/back straps intact?	<input type="checkbox"/>	<input type="checkbox"/>

HARDWARE (BUCKLES & D-RINGS)

	Pass	Fail
Are shoulder adjustment buckles damage free?	<input type="checkbox"/>	<input type="checkbox"/>
Is leg & waist buckles/other hardware damage free?	<input type="checkbox"/>	<input type="checkbox"/>
Is D-Rings (Dorsal, Side, Shoulder, or Sternal) damage free?	<input type="checkbox"/>	<input type="checkbox"/>
There is no corrosion/pitting/nicks?	<input type="checkbox"/>	<input type="checkbox"/>

WARTHOG MAXX SERIES



WARTHOG SERIES

