

# INSPECTION FORM

## VERTICAL 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"/>

### CONNECTORS

Pass Fail

Does connector self close and lock?	<input type="checkbox"/>	<input type="checkbox"/>
Are hook gate/rivets intact?	<input type="checkbox"/>	<input type="checkbox"/>
Is connector free of corrosion?	<input type="checkbox"/>	<input type="checkbox"/>
Is connector free of pitting/nicks?	<input type="checkbox"/>	<input type="checkbox"/>

### SHOCK PACK (IF SUPPLIED)

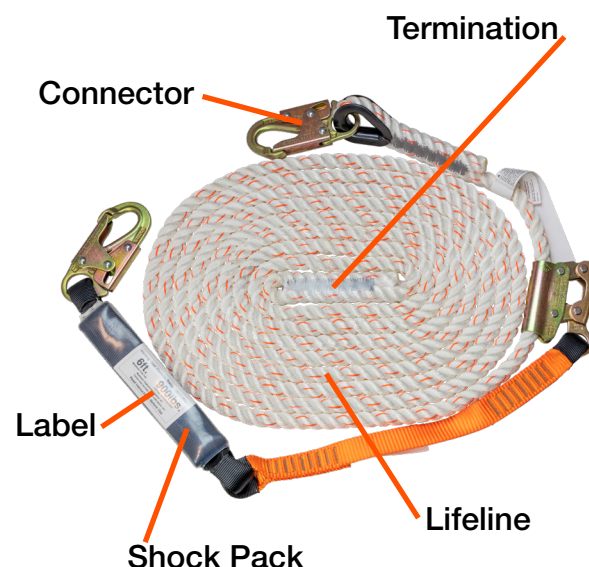
Pass Fail

The cover on shrink tube is not cut or removed?	<input type="checkbox"/>	<input type="checkbox"/>
There is no damage/fraying/broken stitching?	<input type="checkbox"/>	<input type="checkbox"/>
Impact indicator shows no signs of deployment.	<input type="checkbox"/>	<input type="checkbox"/>

### LIFELINE (ROPE OR WIRE ROPE)

Pass Fail

Is there any broken/missing/loose stitching?	<input type="checkbox"/>	<input type="checkbox"/>
Check termination stitching and splices.	<input type="checkbox"/>	<input type="checkbox"/>
Are there any cuts/burns/holes?	<input type="checkbox"/>	<input type="checkbox"/>
Is there any melting present?	<input type="checkbox"/>	<input type="checkbox"/>
Does cable show excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>
Does cable show excessive wear?	<input type="checkbox"/>	<input type="checkbox"/>



### NOTES
