



Inspection form Lanyards

Manufacturer: _____

Model #: _____

Description: _____

Serial #: _____

Lot #: _____

Lanyard Configuration: _____

(Single leg, Double leg, Internal shock absorber, External shock absorber, Cable, Web)

Date of Manufacture: _____

Name of Inspector: _____

Signature: _____

Date of Inspection: _____

In-Service Date: _____

Labels & markings

Pass fail Note

Label (Intact & Legible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate ANSI/OSHA/CSA Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspections are Current / Up-to-Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of First Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Connectors

Pass fail Note

Connector (Self-Closing & Locking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hook Gate / Rivets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitting / Nicks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Material (web or Cable)

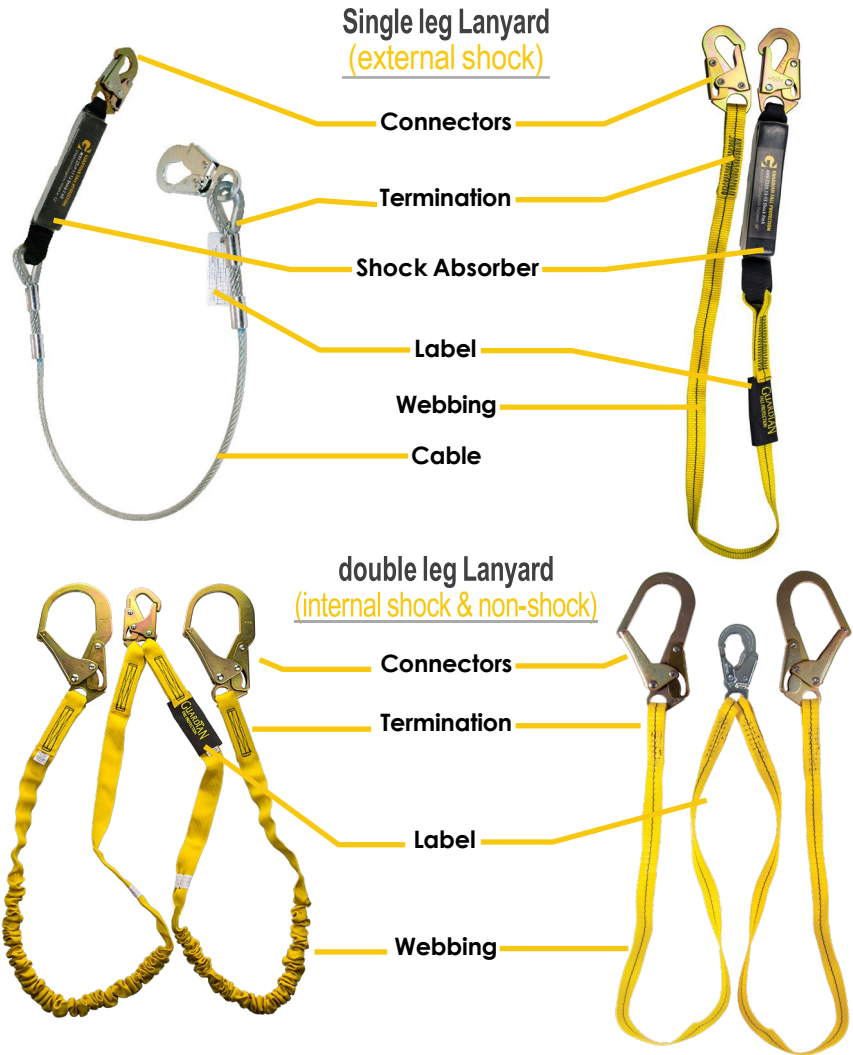
Pass fail Note

Broken / Missing / Loose Stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Termination (Stitch, Splice, or Swage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webbing Length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts / Burns / Holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cable Separating / Bird-Caging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shock pack (if present)

Pass fail Note

Cover / Shrink Tube (Don't Cut or Remove)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage / Fraying / Broken Stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact Indicator (Signs of Deployment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Notes
