



Inspection form Harnesses

Manufacturer: _____

Model #: _____

Description: _____

Harness Configuration: _____
(Chest Strap, Leg Straps, Waist Belt)

Serial #: _____

Lot #: _____

Date of Manufacture: _____

Name of Inspector: _____

Signature: _____

Date of Inspection: _____

In-Service Date: _____

Seraph construction harness



(pt chest, tb waist, & tb legs)

Shoulder Straps

Chest Strap

Adjustment Buckles

Side D-Rings

Waist Belt

Leg Straps

Velocity harness

(PT chest & legs)



Dorsal D-Ring

Labels

Back Strap

Impact Indicators

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"/>
Impact Indicator (Signs of Deployment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARDWARE (BUCKLES & D-RINGS)

Pass fail Note

Shoulder Adjustment Buckles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg & Waist Buckles / Other Hardware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-Rings (Dorsal, Side, Shoulder, or Sternal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion / Pitting / Nicks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Webbing

Pass fail Note

Shoulder / Chest / Leg / Back Straps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts / Burns / Holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat / UV Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

stitching

Pass fail Note

Shoulder / Chest / Leg / Back Straps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes
