

Company: _____

Harness Serial #: _____

Date: _____

Inspector: _____

Inspect harness before each use and formally at intervals per manufacturer guidelines. Any harness involved in a fall arrest event must be immediately removed from service.

Inspection Item	Pass	Fail	N/A	Notes
Webbing - no cuts, fraying, burns or chemical damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stitching intact - no pulled or broken threads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D-rings - no cracks, distortion or corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buckles and grommets functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Labels legible - manufacturer date visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chest strap secure and adjustable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leg straps secure and adjustable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Back pad condition acceptable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lanyard attachment point intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall indicators not deployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Disposition: Pass - Safe for Use Fail - Remove from Service

Inspector Signature: _____ Date: _____

Next Inspection Due: _____