



MONTHLY FALL PROTECTION INSPECTION

SITE:
DATE:

HARNESS NUMBER

1	A Fall Protection Supervisor appointed.												
2	Users of the fall protection equipment trained in the use of the equipment.												
3	Users are physically and psychologically fit for heights.												
4	Damage to the Shoulder strap (abrasions, cuts / frayed)												
5	Damage to the Secondary strap (abrasions, cuts / frayed).												
6	Damage to the Primary (Sit) strap (abrasions, cuts / frayed)												
7	Damage to the Thigh strap (abrasions, cuts / frayed)												
8	Damage to lanyards (abrasions, cuts / frayed)												
9	Damage to the back support (abrasions, cuts / frayed)												
10	Damage to the adjustment mechanisms (deformity, rust)?												
11	Damage to the fall arrest attachment element (deformity)?												
12	Damage to the Buckles (deformity, rust)												
13	Damage to the seams or stitching of the equipment?												
14	Fall arrest equipment checked by a competent person every year?												
15	Life line rope in good order (not frayed or visual damaged)?												
16	Equipment stored on hooks away from dirt / chemicals?												

INSPECTED BY:

CONSTRUCTION SUPERVISOR:

SIGNATURE:

SIGNATURE: