RECORD OF INSPECTION OF SAFETY HARNESS

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| **Vessel:** |  |  | **Month/Year:** |  |

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| **No.** | **Type of Gear** | **Inspection Date** | **Result** |
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| **Checks for Safety harness** | | | |
| 1. Condition of Back D ring | | 5. Webbing & Stitching – Cuts, damage | |
| 1. Condition of Back Waist D ring | | 6. Buckles – Bent, torn | |
| 1. Condition of Back Sternum D ring | | 7. Label – Damaged. | |
| 1. Straps - Deterioration | | 1. Shock absorber, Fall arrest system | |

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| **Rank/Name:** |  |  | **Master:** |  |
| **Signature:** |  |  | **Signature:** |  |