



Fall Protection Inspection Form (Horizontal Lifeline)

Manufacturer:		Date of Manufacture:	
Serial #		Model #	
Lifeline Material: <input type="checkbox"/> Cable <input type="checkbox"/> Polyester. <input type="checkbox"/> Kernmantle			
Length:		Diameter:	
Inspection Date:		In-Service Date:	
Name of User (Authorized Person):			
Name of Competent Person:			
LABELS & MARKINGS	PASS	FAIL	NOTE
Label (legible/intact)			
Appropriate (ANSI/OSHA) Markings			
Date of First Use			
Inspections Current / Up to Date			
HARDWARE	PASS	FAIL	NOTE
Connector (self closing& locking)			
Hook Gate / Tensioner / Rivets			
Corrosion			
Pitting / Nicks			
MATERIAL (WEB or CABLE)	PASS	FAIL	NOTE
Confirm Proper Lifeline Threading			
Broken / Missing / Loose Stitching			
Termination (Stitch, Splice or Swag)			
Kinks			
Cuts / Burns / Holes			
Separating / Bird-Caging			
Excessive Wear (Fraying or Broken Strands)			
SHOCK PACK (if present)	PASS	FAIL	NOTE
Cover / Shrink Tube (Don't cut or remove)			
Damage / Fraying / Broken Stitching			
Impact Indicator (Signs of Deployment)			
ADDITIONAL NOTES:			