



Fall Protection Inspection Form (Lanyard)

Manufacturer:	Date of Manufacture:
Serial #	Model #
Type of Lanyard & Material:	
Inspection Date:	In-Service Date:
Name of User (Authorized Person):	
Name of Competent Person:	

LABELS & MARKINGS	PASS	FAIL	NOTE
Label (legible/in tact)			
Appropriate (ANSI/OSHA) Markings			
Date of First Use			
Inspections Current / Up to Date			

CONNECTORS	PASS	FAIL	NOTE
Connector (self closing& locking)			
Hook Gate / Rivets			
Corrosion			
Pitting / Nicks			

MATERIAL (WEB or CABLE)	PASS	FAIL	NOTE
Broken / Missing / Loose Stitching			
Termination (Stitch, Splice or Swag)			
Webbing Length			
Cuts / Burns / Holes / Paint Damage			
Cable Separating / Bird-Caging			

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: