

Inspection Form: SRL (Synthetic Lifeline)

Inspection:

Date: ____/____/____

Name of Competent Person:

Name of User (Authorized Person):

Frequency of Inspection in the Following Categories:

General Industry: _____ Construction: _____

Your Organization: _____ Manufacturer: _____

Manufacturer of Equipment:

Name of Manufacturer: _____

Serial #: _____ Model #: _____

Date of Manufacture: ____/____/____

Checklist

LOOK AT:

1 HARDWARE 2 SYNTHETIC LIFELINE 3 STITCHING 4 LABELS / TAGS

☒ PASS ☒ FAIL

1 HARDWARE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2 SYNTHETIC LIFELINE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3 STITCHING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	4 LABELS / TAGS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rust / Corrosion			Cuts / Burns / Holes			Missing			Missing		
Deformed / Bent			Excessive Wear			Loose			Illegible		
Burrs / Cracks			Excessive UV Damage			Broken			Dates		
Weld Spots / Slag			Chemical Attack			Other			Other		
Missing Rivets			Other								
Springs											
Functionality											
Other											



OSHA 1926.502(d)(21)

Personal fall arrest systems SHALL be inspected prior to each use for wear, damage, and other deterioration, and defective components SHALL be removed from service.



6.1 Inspection

6.1.1 Equipment SHALL be inspected by the user before each use and, additionally, by a Competent Person other than the user at intervals of no more than one year.

*See user instruction manual for complete inspection procedures and requirements.