

Inspection Form: Anchor Point

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	WEBBING	3	STITCHING	4	LABELS / TAGS
	<input checked="" type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> <input type="checkbox"/>		<input checked="" type="checkbox"/> <input 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.