

Inspection Form: Davits and Tripods

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	LABELS / TAGS	✓	PASS	✗	FAIL
1	HARDWARE	2	LABELS / TAGS	✓		✗	
	Rust / Corrosion		Missing				
	Deformed / Bent		Illegible				
	Burrs / Cracks		Dates				
	Weld Spots / Slag		Other				
	Missing Rivets / Hardware						
	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.