

Inspection Form: Lanyard (Cable)

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	CABLE	3	LABELS / TAGS	✓	PASS	✗	FAIL		
1	HARDWARE	✓	✗	2	CABLE	✓	✗	4	LABELS / TAGS	✓	✗
	Rust / Corrosion				Rust / Corrosion				Missing		
	Deformed / Bent				Chemical Damage				Illegible		
	Burrs / Cracks				Birdcaging				Dates		
	Weld Spots / Slag				Broken wire strands				Other		
	Missing Rivets				Links/bent strands						
	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.