



Manufacturer: \_\_\_\_\_

Company: \_\_\_\_\_

Model Number: \_\_\_\_\_

Name of Inspector: \_\_\_\_\_

Description: \_\_\_\_\_

Signature: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Lot Number: \_\_\_\_\_

In-Service Date: \_\_\_\_\_

Date of Manufacture: \_\_\_\_\_

Harness Configuration: Chest Strap  PT  TB  Leg Straps  PT  TB  Waist Belt  Yes  No

### LABELS & MARKINGS

PASS FAIL NOTE

	PASS	FAIL	NOTE
Label (Intact and Legible)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate ANSI / OSHA / CSA Markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspections are Current / Up-to-Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of First Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact / Fall Indicators Not Deployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### HARDWARE (Buckles & D-Rings)

PASS FAIL NOTE

	PASS	FAIL	NOTE
Signs of Deformity or Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proper D-ring attachment and operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Buckles Undamaged and Operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrosion / Pitting / Nicks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure Grommets are Secure / Do Not Move	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### WEBBING

PASS FAIL NOTE

	PASS	FAIL	NOTE
Shoulder / Chest / Leg / Back Straps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts / Burns / Holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paint Contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive Wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat / UV Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### STITCHING

PASS FAIL NOTE

	PASS	FAIL	NOTE
Shoulder / Chest / Leg / Back Straps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### NOTES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PRO+ CONSTRUCTION HARNESS



### PRO+ FULL BODY HARNESS



Impact Indicators

