# HARNESS INSPECTION RECORD

**Project Name: \_ \_ Reason for Fall Protection:**

**Project No.: \_ \_**

 **\_ \_ \_**

**DATE OF INSPECTION: \_ \_ Time of Inspection: \_ \_**

**Competent Person Making Inspection:**

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Whilst regular inspection and care of your equipment is mandatory by OSHA, E Light Electric Services requires all fall protection equipment to be taken out of service after 5 years of use.

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| **Equipment No.** | **Type of Equipment** | **Initials of Person Assign Equipment** | **Inspection Passed** |
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Each piece of equipment must be inspected each day by the competent person and by the person assigned the equipment. Equipment hardware, manufacture date, color brightness, and webbing must be inspected. Self-Retracting lanyards must be completely pulled out and all material inspected before each use. All connecting hardware must be tested it ensure two separate operations to open. The person using the equipment must initial this log indicating they have inspected the equipment and it is working properly.

I certify that I have personally inspected all the items listed above and I have determined that they are ready for use. I further certify that I am the competent person for fall protection for this site and I will be on site at all times while this equipment is in use.

Print Name and Title

Signature Date