

Fall Protection Safety Inspection Checklist

Inspector Name

Date

Location

FALL PROTECTION EQUIPMENT CHECKLIST

Item	Yes	No	N/A	Comments
Harness inspected for damage, deformity, or wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lanyard & connectors free from defects or corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Anchorage points are secure & rated sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Carabiners/Connectors operate properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Labels/Tags present & legible on all equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Shock absorbers intact, no signs of deployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Rope grabs/blocks functioning & clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fall clearance calculated & sufficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

GENERAL SITE CONDITIONS

Item	Yes	No	N/A	Comments
Fall hazards identified & controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Guardrails or covers installed where required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Signage warning of fall hazards posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Access to edges and openings controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

NOTES / CORRECTIVE ACTIONS

Inspector Signature

Reviewed by

Review Date