

Fall Protection System Inspection Report

Date

Location

Inspector Name

Type of Fall Protection System

Manufacturer

Model/ID Number

Inspection Checklist

Item	Condition	Comments
Anchorage Points	<input type="button" value="▼"/>	<input type="text"/>
Body Harness	<input type="button" value="▼"/>	<input type="text"/>
Lanyards/Lifelines	<input type="button" value="▼"/>	<input type="text"/>
Connectors/Hardware	<input type="button" value="▼"/>	<input type="text"/>
Label/Markings	<input type="button" value="▼"/>	<input type="text"/>
Other Observations	<input type="button" value="▼"/>	<input type="text"/>

Comments / Issues Identified

Corrective Actions Taken

Inspector Signature

Date