

# 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="text"/>	<input type="text"/>
Body Harness	<input type="text"/>	<input type="text"/>
Lanyards/Lifelines	<input type="text"/>	<input type="text"/>
Connectors/Hardware	<input type="text"/>	<input type="text"/>
Label/Markings	<input type="text"/>	<input type="text"/>
Other Observations	<input type="text"/>	<input type="text"/>

## Comments / Issues Identified

## Corrective Actions Taken

Inspector Signature

Date