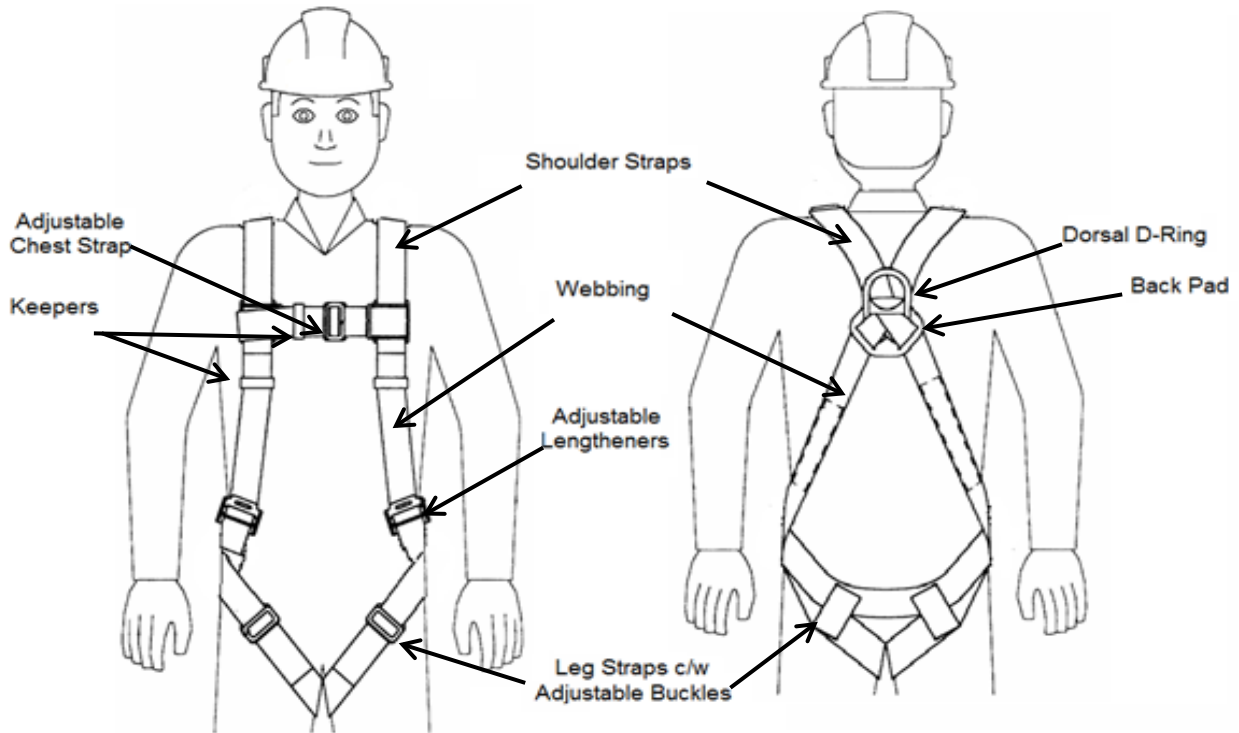


Safety Harness Inspection Check Sheet

WORKER NAME	
HARNESS NUMBER	
MONTH OF INSPECTION Date:	



	Pass	Fail		Pass	Fail
Harness Informational Tag	<input type="checkbox"/>	<input type="checkbox"/>	Keepers	<input type="checkbox"/>	<input type="checkbox"/>
Shoulder Straps	<input type="checkbox"/>	<input type="checkbox"/>	Adjustable Chest Buckle	<input type="checkbox"/>	<input type="checkbox"/>
Chest Strap	<input type="checkbox"/>	<input type="checkbox"/>	Adjustable Lengtheners	<input type="checkbox"/>	<input type="checkbox"/>
Body Strap	<input type="checkbox"/>	<input type="checkbox"/>	Adjustable Leg Buckles	<input type="checkbox"/>	<input type="checkbox"/>
Hip, Leg & Buttock Straps	<input type="checkbox"/>	<input type="checkbox"/>	Dorsal D-Ring	<input type="checkbox"/>	<input type="checkbox"/>
Stitching	<input type="checkbox"/>	<input type="checkbox"/>	Back Pad	<input type="checkbox"/>	<input type="checkbox"/>

Mark appropriate box with a check mark

Please Write a comment for each identified deficiency list above:	

Inspected By (Worker's signature)		Date:	
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Reviewed By (Manager's Signature)		Date:	
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