



**DALHOUSIE
UNIVERSITY**

**Department of
Facilities Management
Occupational Health and Safety**

**Fall Arrest Full Body Harness Pre-Job
Inspection Checklist**

Date Inspected _____ Inspected By: _____

User's Name _____

Manufacturer _____ Model / Serial Number _____

Inspect Inspect and Clean Passed Failed

| Webbing | Buckles | "D" Ring |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Chemical Damage <input type="checkbox"/> Heat Damage <input type="checkbox"/> UV Damage <input type="checkbox"/> Discolouration <input type="checkbox"/> Broken Fibres <input type="checkbox"/> Cut or Frayed Fibres <input type="checkbox"/> Requires Cleaning <input type="checkbox"/> Other _____ _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAILED | <input type="checkbox"/> Cracked <input type="checkbox"/> Poor Functioning <input type="checkbox"/> Bent <input type="checkbox"/> Sharp Edges <input type="checkbox"/> Welded <input type="checkbox"/> Chemical Corrosion <input type="checkbox"/> Damaged <input type="checkbox"/> Excessive Wear <input type="checkbox"/> Other _____ _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAILED | <input type="checkbox"/> Bent or Distorted <input type="checkbox"/> Cracked <input type="checkbox"/> Other Damage <input type="checkbox"/> Sharp Edges <input type="checkbox"/> Welded <input type="checkbox"/> Chemical Corrosion <input type="checkbox"/> Excessive Wear <input type="checkbox"/> Other _____ _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAILED |
| Stitching | Grommets | Rivets |
| <input type="checkbox"/> Broken <input type="checkbox"/> Cut <input type="checkbox"/> Burnt <input type="checkbox"/> Frayed <input type="checkbox"/> Stitching Missing <input type="checkbox"/> Pulled <input type="checkbox"/> Other _____ _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAILED | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Loose <input type="checkbox"/> Bent <input type="checkbox"/> Chemical Corrosion <input type="checkbox"/> Missing <input type="checkbox"/> Other _____ _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAILED | <input type="checkbox"/> Not Applicable <input type="checkbox"/> Loose <input type="checkbox"/> Bent <input type="checkbox"/> Chemical Corrosion <input type="checkbox"/> Missing <input type="checkbox"/> Other _____ _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAILED |

| | | | | |
|-------------------------------------------------|------------------------------------|-----------------------------------------|-------------------------------------|-------------------------------|
| Labels | <input type="checkbox"/> Missing | <input type="checkbox"/> Not Legible | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Plastic "D" Shim | <input type="checkbox"/> Missing | <input type="checkbox"/> Poor Condition | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Keepers | <input type="checkbox"/> Missing | <input type="checkbox"/> Poor Condition | <input type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Has the Harness Been Altered in Any Way? | <input type="checkbox"/> (No) Pass | | <input type="checkbox"/> (Yes) Fail | |

NOTE: If one or more items have been checked in any of the above categories the piece of fall arrest equipment must be tagged as deficient and removed from service until it repaired. If the equipment has been altered / modified in any way it must be removed.

Fall arrest equipment that can not be repaired must be destroyed.

Removed From Service: Yes No Date: _____

Repairs Completed By: _____

Company Phone Number: _____ - _____ - _____

Returned To Service: Yes No Date: _____

Comments: _____

