

INSPECTION FORM

LANYARDS

Manufacturer: _____

Model #: _____

Description: _____

Serial #: _____

Lot #: _____

Date of Manufacture: _____

Lanyard Configuration:

- SINGLE LEG LANYARD
- DOUBLE LEG LANYARD
- INTERNAL SHOCK ABSORBER
- EXTERNAL SHOCK ABSORBER
- CABLE
- WEB

Owner / Company: _____

Name of Inspector: _____

Signature: _____

Date of Inspection: _____

In-Service Date: _____

LABELS & MARKINGS

PASS FAIL NOTE

- Label (Intact & Legible)
- Appropriate ANSI/OSHA/CSA Markings
- Inspections are Current / Up-to-Date
- Date of First Use

CONNECTORS

PASS FAIL NOTE

- Connector (Self-Closing & Locking)
- Hook Gate / Rivets
- Corrosion
- Pitting / Nicks

MATERIAL (WEB OR CABLE)

PASS FAIL NOTE

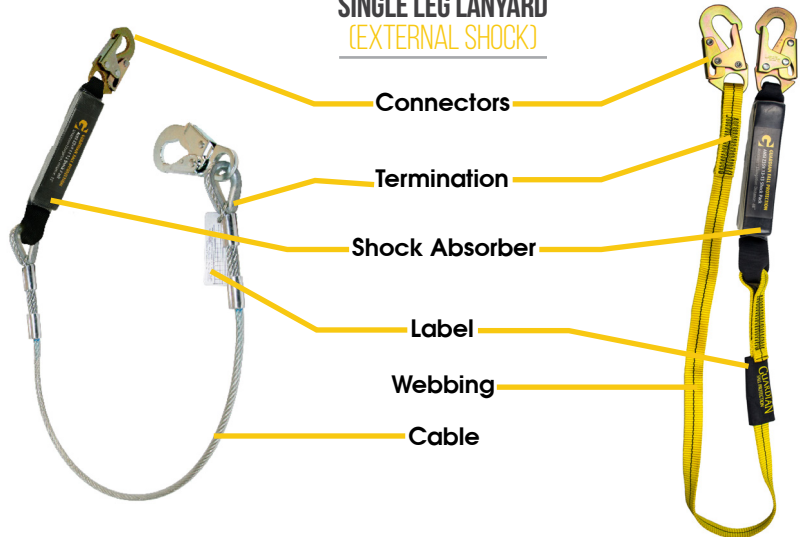
- Broken / Missing / Loose Stitching
- Termination (Stitch, Splice, or Swage)
- Webbing Length
- Cuts / Burns / Holes
- Paint Damage
- Cable Separating / Bird-Caging

SHOCK PACK (IF PRESENT)

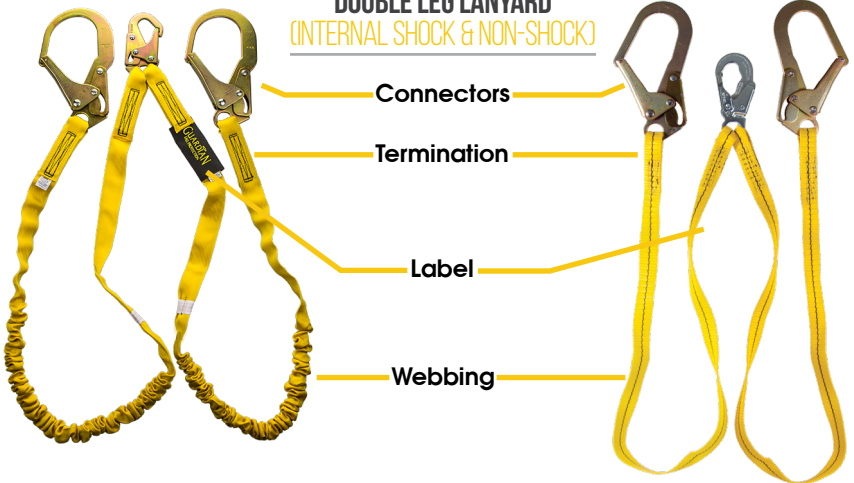
PASS FAIL NOTE

- Cover / Shrink Tube (Don't Cut or Remove)
- Damage / Fraying / Broken Stitching
- Impact Indicator (Signs of Deployment)

**SINGLE LEG LANYARD
(EXTERNAL SHOCK)**



**DOUBLE LEG LANYARD
(INTERNAL SHOCK & NON-SHOCK)**



NOTES

Docket # L001