

FALL PROTECTION DAILY PRE-USE INSPECTION SHEET

Competent Worker must complete checklist prior to use at start of each shift

Worker Name: _____

Contractor: _____

Project: _____

Project #: _____

Week Ending: _____

Initials	Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A
Full Body Harness	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A	OK	N/A
Webbing														
Stitching														
Buckles														
Grommets														
Strap Keepers														
D-Ring														
Locking Snap Hooks														
Hook														
Lock														
Springs														
Lanyard														
Webbing														
Stitching														
Jacket														
End Loops														
Stretching														
Connection														
Knots														
Rope Grab														
Falls														
Springs														
Gate														
Locking Pin														
Safety Latch														
Teeth														
Lifeline														
Rope Matches Grab														
Polypropylene or Equal														
Length														
Rope Condition														
Discolouration														
Anchor Attachment														
Stretching														
Edge Protection														
Retractable														
Housing														
Lifeline														
Swivel Connector														
Braking														
Anchor														
Capacity														
Deformation														
One per Lifeline														
Comments:														

Harness Serial#: _____

Expiry Date(m/y) : _____

Lanyard Serial#: _____

Expiry Date(m/y) : _____

Lifeline Serial#: _____

Expiry Date(m/y) : _____