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LANYARD INSPECTION

LANYARD PART NUMBER: _____
 SERIAL NUMBER: _____
 DATE OF FIRST USE: _____
 DATE OF MANUFACTURER: _____
 OWNER / COMPANY: _____
 NAME OF INSPECTOR: _____
 SIGNATURE: _____
 DATE OF INSPECTION: _____

LANYARD CONFIGURATION:

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

LABELS & MARKINGS	PASS	FAIL	NOTE
LABEL (INTACT & LEGIBLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPROPRIATE ANSI / OSHA / CSA MARKINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTIONS ARE CURRENT / UP-TO-DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE OF FIRST USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONNECTORS	PASS	FAIL	NOTE
CONNECTOR (SELF-CLOSING & LOCKING)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOOK GATE / RIVETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORROSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PITTING / NICKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MATERIAL (WEB OR CABLE)	PASS	FAIL	NOTE
BROKEN / MISSING / LOOSE STITCHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TERMINATION (STITCH, SPLICE, OR SWAGE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WEBBING LENGTH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUTS / BURNS / HOLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAINT DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CABLE SEPARATING / BIRD CAGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHOCK PACK (IF PRESENT)	PASS	FAIL	NOTE
COVER / SHRINK TUBE (DON'T CUT OR REMOVE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAMAGE / FRAYING / BROKEN STITCHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMPACT INDICATOR (SIGNS OF DEPLOYMENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

