



www.colsafety.com  
 (800) 969-5035  
 info@colsafety.com

# RESCUE KIT INSPECTION



TRUCK NUMBER: \_\_\_\_\_  
 DESCRIPTION: \_\_\_\_\_  
 PURCHASE DATE: \_\_\_\_\_  
 SERVICE DATE: \_\_\_\_\_

NAME / DEPT: \_\_\_\_\_  
 DIVISION: \_\_\_\_\_  
 UNIT: \_\_\_\_\_

PASSES INSPECTION Y/N  
 HARDWARE Y/N  
 PROPER ANCHORAGE Y/N  
 PICKOFF SYSTEM Y/N  
 DESCENT DEVICE Y/N  
 UNIFORM DIAMETER Y/N  
 SHEATH GLAZING Y/N  
 ABRASION/FRAYING Y/N

RETURN TO SERVICE Y/N/DATE  
 INSPECTED BY

DATE	LOCATION	CONDITIONS																

COMMENTS

**NOTES**

---



---



---



---



---