Fall Protection Equipment Inspection Log

Company/Location:_____**Department:**_____

SERIAL #	DATE OF MFG.	MODEL#	DESCRIPTION	INSPCTION DATE	PASS	FAIL	INSPECTED BY	COMMENTS

Green: Pass, Safe for use **Yellow**: Requires cleaning **Red**: Remove from Service-send to manufacture for Inspection/Servicing **Black**: Destroy Immediately

PAH33-38, 40, 42, 43 WAH-S_Supakin S._1/11/2016_Rev.00 (TV)