

# Full Body Harness Inspection Checklist

Harness Model: \_\_\_\_\_ Manufacture Date: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Lot Number: \_\_\_\_\_ Purchase Date: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

## WEBBING

Inspect for cuts, burns, holes, tears, abrasion, frays, UV/heat damage, excessive soiling and discoloration.

|                | PASS                     | FAIL                     |                                      |
|----------------|--------------------------|--------------------------|--------------------------------------|
| Shoulder Strap | <input type="checkbox"/> | <input type="checkbox"/> | Comments:<br>_____<br>_____<br>_____ |
| Chest Strap    | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Leg Strap      | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Back Strap     | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Other: _____   | <input type="checkbox"/> | <input type="checkbox"/> |                                      |

## HARDWARE

Inspect for damage, distortion, sharp edges, burrs, cracks and corrosion.

|                             | PASS                     | FAIL                     |                                      |
|-----------------------------|--------------------------|--------------------------|--------------------------------------|
| D-rings (e.g. Dorsal, Side) | <input type="checkbox"/> | <input type="checkbox"/> | Comments:<br>_____<br>_____<br>_____ |
| Buckles                     | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Other: _____                | <input type="checkbox"/> | <input type="checkbox"/> |                                      |

## STITCHING

Inspect for pulled or cut stitches, damaged patterns and abrasion.

|                | PASS                     | FAIL                     |                                      |
|----------------|--------------------------|--------------------------|--------------------------------------|
| Shoulder Strap | <input type="checkbox"/> | <input type="checkbox"/> | Comments:<br>_____<br>_____<br>_____ |
| Chest Strap    | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Leg Strap      | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Back Strap     | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Other: _____   | <input type="checkbox"/> | <input type="checkbox"/> |                                      |

## LABELS

Inspect, make certain all labels are securely held in place and legible.

|                     | PASS                     | FAIL                     |                                      |
|---------------------|--------------------------|--------------------------|--------------------------------------|
| Manufacturer        | <input type="checkbox"/> | <input type="checkbox"/> | Comments:<br>_____<br>_____<br>_____ |
| Date of Manufacture | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Model/Serial Number | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Warnings            | <input type="checkbox"/> | <input type="checkbox"/> |                                      |
| Other: _____        | <input type="checkbox"/> | <input type="checkbox"/> |                                      |