**Before commencing the check undo all leg and chest attachments and complete the inspection by holding the Harness by the back D ring.**

**The inspection should be completed by “Look, Feel & Function”**

|  |  |  |
| --- | --- | --- |
| **Checks** |  | **Circle which is appropriate** |
| **Has the detailed inspection been carried out within the last 12 months** | **Yes**  | **No**  |
| **Is the harness within the manufacturers specified maximum operating life** | **Yes** | **No** |
| **Is the manufacturer identifiable** | **Yes** | **No** |
| **Are the serial numbers present and legible** | **Yes** | **No** |
| **Are there any cuts on any part of the webbing of the harness** | **Yes** | **No** |
| **Are there any abrasions on any part of the webbing of the harness** | **Yes** | **No** |
| **Is there any sign that the harness has been previously used in a fall** | **Yes** | **No** |
| **Are all the D rings in good condition – no deformation or cracks** | **Yes** | **No** |
| **Is the harness clean – not too heavily soiled** | **Yes** | **No** |
| **Is the harness free from chemical damage, paint, marker pens etc.** | **Yes** | **No** |
| **Has the harness been stored correctly – away from direct sunlight** | **Yes** | **No** |
| **Do all the connections work correctly** | **Yes** | **No** |
| **Are any of the web tidies missing** | **Yes** | **No** |
| **Are any of the web tidies damaged** | **Yes** | **No** |
| **Can all leg and chest straps be adjusted correctly** | **Yes** | **No** |
| **Is all the stitching in good condition – not frayed** | **Yes** | **No** |
|  |
| **If any faults have been found then the harness should be taken out of service.****It should be tagged and isolated and the results of this inspection reported immediately.** |

Harness Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Harness Serial Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lanyard Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lanyard Serial Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:(Print Block Capitals):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This harness has been inspected and is safe for use**