

# Chapter 20 – Form 4: Lanyard Inspection Qualified Inspector

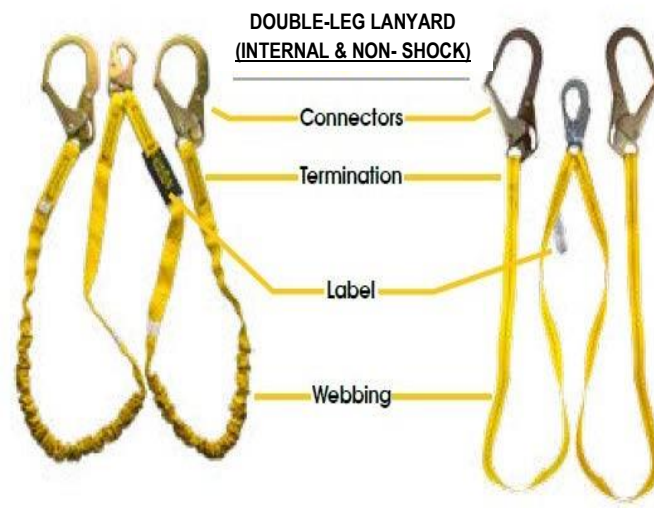
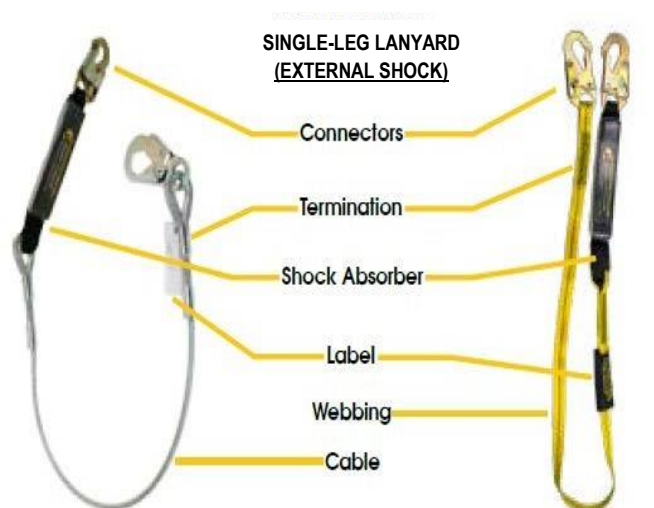
Part # _____	<b>Lanyard Configuration</b>		Owner/Company _____	Portland Community College
Serial # _____	<input checked="" type="checkbox"/> Single-Leg Lanyard	<input type="checkbox"/>	Inspector (print) _____	_____
Date 1 <sup>st</sup> use _____	<input type="checkbox"/> Double-Leg Lanyard	<input type="checkbox"/>	Signature _____	_____
Date manuf. _____	Internal Shock Absorber: <input type="checkbox"/>	<input type="checkbox"/>	Date Insp. (mmddyy) _____	_____
	External Shock Absorber: <input type="checkbox"/>	<input type="checkbox"/>	6-mo. Insp. (mmyy) _____	_____
	Cable: <input type="checkbox"/> Web <input type="checkbox"/>	<input type="checkbox"/>		

LABELS & MARKINGS	PASS	FAIL	NOTE
Label (Intact & Legible)			
Appropriate ANSI/OSHA/CSA Markings			
Inspections are Current / Up-to-Date			
Date of First Use			

HARDWARE (Buckles & D-Rings)	PASS	FAIL	NOTE
Connector (Self-Closing & Locking)			
Hook Gate / Rivets			
Corrosion			
Pitting / Nicks			

MATERIAL (Web or Cable)	PASS	FAIL	NOTE
Broken / Missing / Loose Stitching			
Termination (Stitch, Splice, or Swage)			
Webbing Length			
Cuts / Burns / Holes			
Cable Separating / Bird-Caging			

SHOCK PACK (IF Present)	PASS	FAIL	NOTE
Cover/Shrink Tube (Don't Cut or Remove)			
Damage / Fraying / Broken Stitching			
Impact Indicator (Signs of Deployment)			



Example Equipment Only

This inspection is to be completed by a 'Qualified' person prior to each use who will be using the lanyard.

**NOTES**

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**Return completed form to *Manager or Supervisor***