

Equipment Inspection Report

(Inspect and Service)

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TYPE 2 AND 3 FALL ARRESTORS AND RETRACTABLE HORIZONTAL LIFELINES

- NOTE :**
- a) These forms are for use by a Austlift authorized Height Safety Equipment Inspector having the training qualifications, expertise and ability to faults in height safety equipment.
 - b) Austlift offers training to help the Height Safety Equipment Inspector, inspect the equipment ensuring only serviceable items are offered for use. This training includes instruction on how to complete this form.
 - c) Maintenance records/service history shall be kept for items of equipment in accordance with Australian/New Zealand Standard AS/NZS 1891.4 (2009)

Company	Insp. Location	In Service Date	Next Inspection Date (If Passed)
<input type="text"/>	<input type="text"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>	<input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/>
Item Description	Model #	Factory Order # / Lot #	DOM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Photograph #	Manufacturer	Serial #	Insp. No#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Type 2 & 3

	YES	NO	COMMENTS
Beyond Annual Service Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lifeline Retracts completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Locks off cleanly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Impact Indicator (where applicable)

	YES	NO	COMMENTS
Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Deployed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Reserve lifeline deployed if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Housing

	YES	NO	COMMENTS
Cracks / distortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Dents impeding operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Dirty/contaminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Missing parts / screws / bolts etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Connectors

	YES	NO	COMMENTS
Cracked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sharp edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Missing parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Corroded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Labelled / marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bent/ distorted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Sticky gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Stays open / won't lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Excess dirt / grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Closes but doesn't lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Single action (no lock on gate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Handle

	YES	NO	COMMENTS
Damaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bent / loose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Missing parts / screws	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

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TYPE 2 AND 3 FALL ARRESTORS AND RETRACTABLE HORIZONTAL LIFELINES

Labels			
	YES	NO	COMMENTS
Present and attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Webbing			
	YES	NO	COMMENTS
Cuts/ tears/ holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Frays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Knots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
UV damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Grease / grime	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Discolouration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mould	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Missing or damaged stitch patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Permanent marking on load bearing webbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Heat damage /glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Wire Rope			
	YES	NO	COMMENTS
Heat damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Kinked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Missing / damaged thimble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Loose termination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Distortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Broken wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Separation of strands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Abraded wires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bird caging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Shock Absorber			
	YES	NO	COMMENTS
Cuts / tears/ abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Deployed / stretched / elongated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Plastic cover missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Holes /burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
UV damage / fading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Excessive soiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments:

Final Appraisal	
ACTION TO BE TAKEN	OVERALL PASS OR FAIL
Select one only <input type="checkbox"/> Clean and Re-Inspect <input type="checkbox"/> Return to Manufacturer for Clarification <input type="checkbox"/> Return to Service <input type="checkbox"/> Remove from Service	Select one only Pass <input type="checkbox"/> or Fail <input type="checkbox"/>

Inspector's Name

Inspector's Signature

Inspection Date