



# WORK AT HEIGHT PPE INSPECTION CHECKLIST

Department:	PPE Bag Number:
Area:	Date:

A=Acceptable		U=Unacceptable		NA=Not Applicable	
Component	Condition / Fault to be checked	A	U	N/A	
Rope and webbing	Cuts or tears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Abrasion or fraying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	UV damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Loose stitching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Stretching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Damage due to contact with heat, corrosives, or solvents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hooks, Karabiners and Rope Grabs	Distortion of hook or latch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Cracks or forging folds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Wear at swivels and latch pivot pin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Free movement of the latch over its full travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Broken, weak or misplaced latch springs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Gate and screw closes fully and freely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sewing	Broken, cut or worn threads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Damage or weakening of threads due to contact with heat, solvents or corrosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Abrasion damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Unauthorised repairs/modifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Deterioration due to ultraviolet exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Terminations	Broken, cut or worn threads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Excessive movement of thimble eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buckles and Adjusters	Cracks and forging laps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bent tongues (Distortion)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Open rollers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Labelling	Date of Manufacture visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Australian Standards Serial/Batch No visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Manufacturer Name visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Designation/type of device visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Energy Absorber	Energy Absorber intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Comments</b>		
Lanyard fit for use	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>

*Note: Equipment not fit for use shall be removed from services*

Inspector:	Name: _____	Signature: _____	Date: _____
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