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| Employee Name  |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manufacturer |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Equipment ID/Model # |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date Placed in Service |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | Date | Pass | Fail | Date | Pass | Fail | Date | Pass | Fail | Date | Pass | Fail | Date | Pass | Fail | Date | Pass | Fail |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Harness Webbing or Leather |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Stitching |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Snap Hooks Safety Latch |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| D-Ring, Buckle, Adjuster, Include Tongue |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Rivets and Eyelets |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Body Pad (if applicable) |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  Other |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Print Name |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Signature |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

 11.9 Harness Inspection Report