

Confined Space Equipment Checklist

Out In
Yes No Yes No

Out In
Yes No Yes No

1. Self Retracting Lifeline with Retrieval

***FASTENERS**

Loose
 Bent
 Cracked
 Distorted

Worn
 Malfunctioning
 Any Damaged Parts
 Comments: _____

***LIFELINE**

Cuts
 Burns
 Corrosion
 Knicks
 Frays
 Worn Areas
 Retractable
 Mode Tested

Impact Indicator-
 Activated
 Retraction and
 Tension Tested
 Braking Mechanism
 Tested
 Retrieval Mode
 Tested
 Comments: _____

***SNAP HOOK**

Bent
 Cracked
 Distorted
 Locks

Operates Freely
 Swivel-
 Operates Smoothly
 Comments: _____

2. TRIPOD

Bends
 Cuts
 Crushing
 Distortion
 Chain Secure

Pins Missing
 Pins Bent
 Feet Secure
 Anchor Pt. Secure
 Comments: _____

(continued on back)

Confined Space Equipment Checklist (Continued)

	<u>Out</u>		<u>In</u>			<u>Out</u>		<u>In</u>	
	Yes	No	Yes	No		Yes	No	Yes	No
<u>3. HARNESS</u>									
*Webbing Straps:					*D-Rings:				
Frayed Edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken Fibers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulled Stitches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rough/Sharp Edges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pivot Freely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical-					Attachment Pt. Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	*Buckles:				
*Stitching:					Unusual Wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulled Stitches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Webbing Joints-					Comments: _____				
Not Loose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
*Pads/Lanyard D-Rings									
Missing D-									
Rings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Excessive-									
Wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

4. SADDLE VENT/ HOSES

Leaks in Hose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Damaged Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leaks in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Worn Parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plastic Vent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments: _____				

5. BLOWER UNIT

Electric Cord-					Moving Parts Free-				
Free of Cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From Obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Comments: _____				

Signature of Entry Supervisor _____ Date _____ Time _____

Signature of Management _____ Date _____ Time _____