

## 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	Yes	No
<b><u>3. HARNESS</u></b>										
*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-Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attachment Pt. Secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
*Stitching:					*Buckles:					
Rips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unusual Wear	<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"/>	Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Webbing Joints-					Distortion					
Not Loose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Comments:	_____				
*Pads/Lanyard D-Rings										
Missing D-Rings										
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										
Wear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
<b><u>4. SADDLE VENT/ HOSES</u></b>										
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 Plastic Vent	<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"/>	
					Comments: _____					
<b><u>5. BLOWER UNIT</u></b>										
Electric Cord-Free of Cuts					Moving Parts Free-From Obstructions					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
					Comments: _____					

Signature of Entry Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Signature of Management \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_