



www.gmesupply.com  
(800) 940-6762  
info@gmesupply.com

# HORIZONTAL LIFELINE INSPECTION

LIFELINE PART NUMBER: \_\_\_\_\_

SERIAL NUMBER: \_\_\_\_\_

DATE OF FIRST USE: \_\_\_\_\_

DATE OF MANUFACTURER: \_\_\_\_\_

OWNER / COMPANY: \_\_\_\_\_

NAME OF INSPECTOR: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_\_

## LIFELINE MATERIALS:

- ☐ POLYESTER LIFELINE  
☐ CABLE LIFELINE  
☐ KERNMANTLE LIFELINE

LENGTH: \_\_\_\_\_

DIAMETER: \_\_\_\_\_

LABELS & MARKINGS	PASS	FAIL	NOTE
LABEL (INTACT & LEGIBLE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPROPRIATE ANSI / OSHA / CSA MARKINGS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTIONS ARE CURRENT / UP-TO-DATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE OF FIRST USE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARDWARE (IF APPLICABLE)	PASS	FAIL	NOTE
CONNECTOR (SELF-CLOSING & LOCKING)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOOK GATE / TENSIONER / RIVETS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORROSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PITTING / NICKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MATERIAL	PASS	FAIL	NOTE
BROKEN / MISSING / LOOSE STITCHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TERMINATION (STITCH, SPLICE, OR SWAGE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCESSIVE WEAR (FRAYING OR BROKEN STRANDS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUTS / BURNS / HOLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KINKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEPARATION / BIRD CAGING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SHOCK PACK (IF PRESENT)	PASS	FAIL	NOTE
COVER / SHRINK TUBE (DON'T CUT OR REMOVE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAMAGE / FRAYING / BROKEN STITCHING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMPACT INDICATOR (SIGNS OF DEPLOYMENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES

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