



Fall Protection Equipment Record			
Name:		Issue Date	
Issued By:		Office	

Full Body Harness	Combo	<input type="checkbox"/> Yes <input type="checkbox"/> No	Body Belt	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date			Date	
Manufacturer			Manufacturer	
Model #			Model #	
Serial #			Serial #	

Y-Lanyard	Single Lanyard
Date	Date
Manufacturer	Manufacturer
Model #	Model #
Serial #	Serial #

Positioning Device	Anchor Slings <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Date	Date
Manufacturer	Manufacturer
Model #	Model #
Serial #	Serial #

Rail Slider	Rail Slider
Date	Date
Manufacturer	Manufacturer
Model #	Model #
Serial #	Serial #

Cable Slider	Rope Grab
Date	Date
Manufacturer	Manufacturer
Model #	Model #
Serial #	Serial #

Rope Grab Lanyard 24" <input type="checkbox"/> Yes <input type="checkbox"/> No	OTHER:
Date	Date
Manufacturer	Manufacturer
Model #	Model #
Serial #	Serial #

Miscellaneous					
ITEM	QTY	ITEM	QTY	ITEM	Y/N
Carabiners		Pouches	1 2 3	Hard Hat T1CII	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Gear Bag		PetzL	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

I acknowledge that I am being issued the above equipment and that I will be charged for all equipment, which I do not return at the end of my employment with the company. I also understand that if I return damaged safety equipment, it will be replaced at no cost to me.

Signature	
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