|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Contractor Company’s Name: | |  | | | | | |
| Contractor Competent Person: |  | | | Sign |  | Date: |  |
| Location of Equipment (include Bldg #, Unit #): | | |  | | | | |

**Inspection Items**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No** | **Item** | **Good Condition** | **Needs**  **Repair** | **N/A** |
| 1. | **Cross-arm Strap:** |  |  |  |
| a. | Hardware: D-rings, buckles. Inspect all for damage, distortion, sharp edges, burns, cracks & corrosion. |  |  |  |
| b. | Webbing: Inspect for cuts, burns, tears, abrasion, frays, excessive soiling |  |  |  |
| c. | Stitching: Inspect for pulled or cut stitches |  |  |  |
| d. | Labels: Ensure all labels are securely held in place and legible |  |  |  |

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| **Remarks:** |
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| **Disclaimer:** |
| This cross-arm strap is placed as a convenience for the use as a tie-off point for any qualified worker. Everyone who uses this device is required to fill out and sign this checklist each time they connect to it. Failure of any worker do to so OR failure of any worker to notify the Samet superintendent or project manager if they find this device to be defective, relieves Samet Corporation of any and all liability in the event of any injury, death or violations imposed by any governmental authority, including OSHA. |