Fall Protection General Requirements Daily Checklist

Site / Project		**Address**	
Inspector name		**Company**	
Date		**Time**	

Documentation aid only. Adapt this resource to the site, manufacturer instructions, and applicable local requirements. It does not replace a competent person, professional judgment, legal advice, or a required statutory form.

Jurisdiction: US. OSHA 29 CFR 1926.501 and 1926.502 are US construction standards. Trigger heights and requirements vary by industry.

Inspection checklist

Inspection header

Site name and location

Inspector / worker name

Date and shift

Work area / height

Trigger height verification

☐ Industry / activity identified (general industry: 4 ft, shipyards: 5 ft, construction: 6 ft, scaffolding: 10 ft, steel erection: 15 ft)	☐ Pass	☐ Fail	☐ N/A	Notes:	
☐ Fall protection required at this height: Yes / No	☐ Pass	☐ Fail	☐ N/A	Notes:	

5-Point daily harness inspection

☐ Webbing: no cuts, fraying, pulled stitches, or chemical damage; bend in inverted 'U' to expose hidden defects	☐ Pass	☐ Fail	☐ N/A	Notes:	

D-rings: no distortion, cracks, breaks, rough or sharp edges; D-ring pivots freely	Pass	Fail	N/A	Notes:
Buckles: engage positively; no bent tongues or distorted frames	Pass	Fail	N/A	Notes:
Stitching: load-bearing indicators intact; impact indicator not popped or deployed	Pass	Fail	N/A	Notes:
Labels: manufacturer labels present and legible	Pass	Fail	N/A	Notes:

Anchorage point evaluation

Structural integrity: tied to main building structure (not guardrails, vents, or light fixtures)	Pass	Fail	N/A	Notes:
Capacity: holds 5,000 lbs static load or maintains safety factor of two	Pass	Fail	N/A	Notes:
Positioning: directly above work area (minimize swing fall hazard)	Pass	Fail	N/A	Notes:
Connectors: self-closing and self-locking carabiners / snap hooks	Pass	Fail	N/A	Notes:

Defective equipment handling

Defective equipment removed from service	Pass	Fail	N/A	Notes:
Tagged out	Pass	Fail	N/A	Notes:
Handed to supervisor	Pass	Fail	N/A	Notes:
Inspector signature	Pass	Fail	N/A	Notes:

Findings

#	Item	Location	Severity	Action required
1				
2				
3				
4				
5				
6				
7				
8				

Signature

Inspector signature _____ **Name** _____

Date _____

References consulted

OSHA 29 CFR 1926.501 – Duty to have fall protection

OSHA 29 CFR 1926.502 – System planning and criteria

OSHA 29 CFR 1926.503 – Training requirements

OSHA – Fall protection eTool

Verify the current edition and local adoption before use.