



**JOB HAZARD ANALYSIS (JHA) FORM**

Complete daily before beginning work and review when work is complete. A copy of a site evaluation report shall remain on site for the duration of a project.

Your Company Name:		Customer	
Zillacomm Inc			
Date:		Site Supervisor	
Job Number:		Construction Manager	
Job Name:		Emergency Contact	
Job Address:			
Nearest Intersection:			
Latitude:		Longitude:	

**EMERGENCY CONTACT INFORMATION**

Hospital Name:		Hospital Address:	
Hospital Phone:			

Directions to Hospital (see attached map) :

**Elevated Rescue Procedures to be used:**

<input type="checkbox"/> Fire Department	<input type="checkbox"/> In-House Crew properly trained in tower rescue	<input type="checkbox"/> Third Party
--	---	--------------------------------------

**Typical Job Hazard Analysis (JHA)**

The purpose of this form is to assist in reviewing the hazards on a job site and any nearby hazards that personnel may be exposed to while completing a job.

**Part 1 Jobsite Information**

Type of Structure:

<input type="checkbox"/> Metal Light Pole	<input type="checkbox"/> Rooftop/Side of Building	<input type="checkbox"/> Guyed	<input type="checkbox"/> SST	<input type="checkbox"/> Other
<input type="checkbox"/> DAS Structure	<input type="checkbox"/> Highway Sign Structure	<input type="checkbox"/> Monopole	<input type="checkbox"/> Water Tank	

**Type of Work: (Check all that apply)**

<b>TOWER:</b>	<input type="checkbox"/> Construction	<input type="checkbox"/> Reinforcement	<input type="checkbox"/> Line/Antenna Work	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Testing	
<b>CIVIL:</b>	<input type="checkbox"/> Excavation	<input type="checkbox"/> Site Development	<input type="checkbox"/> Tower Foundation	<input type="checkbox"/> Slab	<input type="checkbox"/> Testing	
<b>ELECTRICAL:</b>	<input type="checkbox"/> Conduit	<input type="checkbox"/> Meter/Panel	<input type="checkbox"/> Obstruction Lighting	<input type="checkbox"/> Grounding	<input type="checkbox"/> Wiring	<input type="checkbox"/> Testing

**OTHER:**

Job/Tasks: (List jobs in sequential steps)	Potential Hazards (List hazards for each step)	Preventative Measures: (List each control for each hazard)

**Part 2 Structural Hazard Check List**

Is there a recent inspection report/structural analysis of the structure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did you check all guys and their associated anchors for corrosion?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Did you check all guys and the structure for plumb and tension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have you visually inspected the tower's condition before climbing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Describe

--

**Part 3 Overall Hazard Check List**

Have you checked for overhead power lines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have the proper PPE for the hazards on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have you inspected the site for fall protection hazards and do you have the applicable equipment on site to mitigate those hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Do you have a documented site-specific rescue plan on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Have you reviewed the RF & EME hazards of the site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Are there First Aid/CPR certified individuals on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

**Job Site Exposures and Hazard Identification (Check the Hazards):**

Items checked below relate to existing conditions or may be a result of site operations.

Physical Hazards		Health Hazards	
<input type="checkbox"/> Falls from Elevations	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Cold Stress
<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Slips, Trips, or Falls	<input type="checkbox"/> High Noise (> 85 dBA)	<input type="checkbox"/> Chemical Exposure
<input type="checkbox"/> Underground Utilities	<input type="checkbox"/> Overhead Utilities	<input type="checkbox"/> Silica Exposure (Concrete Cutting)	
<input type="checkbox"/> Vehicle Traffic	<input type="checkbox"/> Elevation/Site Terrain	<input type="checkbox"/> RF/EME	<input type="checkbox"/> Lifting Hazard
<input type="checkbox"/> Other Workers on Site	<input type="checkbox"/> Fire Hazards	<input type="checkbox"/> Biological	<input type="checkbox"/> Lead Paint
<input type="checkbox"/> Holes and Trenches	<input type="checkbox"/> Lacerations, Abrasions	<input type="checkbox"/> Birds / Animals / Insects / Reptiles / Plants	
<input type="checkbox"/> Trash, Debris, Dunnage	<input type="checkbox"/> High Crime Area	<input type="checkbox"/> Asbestos Containing Materials	
<input type="checkbox"/> Welding	<input type="checkbox"/> Intrusive Activity	<input type="checkbox"/> Other	
<input type="checkbox"/> Confined Space	<input type="checkbox"/> Other		
<input type="checkbox"/> Falling Objects			

Have you reviewed MSDSs for hazardous substances that might be present at the job site?

**Hazard Control Measures (Check the Control Measures)**

Required PPE	Inspections	Safety Training/Programs	Site Security
<input type="checkbox"/> Head Protection	<input type="checkbox"/> Tools/Equipment	<input type="checkbox"/> Tailgate Meeting	<input type="checkbox"/> Inner City
<input type="checkbox"/> Foot Protection	<input type="checkbox"/> Rigging	<input type="checkbox"/> Site Signage	<input type="checkbox"/> Rural
<input type="checkbox"/> Eye Protection	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> RF Safety Awareness	<input type="checkbox"/> Night Work
<input type="checkbox"/> Hearing Protection	<input type="checkbox"/> Tag Lines	<input type="checkbox"/> Lockout / Tagout	<input type="checkbox"/> Locked Access
<input type="checkbox"/> Hand Protection	<input type="checkbox"/> Ground Fault	<input type="checkbox"/> Equipment Operation	<input type="checkbox"/> Lighting
<input type="checkbox"/> Fall Protection	<input type="checkbox"/> Gin Poles	<input type="checkbox"/> Other	<input type="checkbox"/> Building/Rooftop Access
<input type="checkbox"/> RF Monitors	<input type="checkbox"/> Hoists		<input type="checkbox"/> Barricades
<input type="checkbox"/> RF Suits	<input type="checkbox"/> Call Before Digging		<input type="checkbox"/> Other
<input type="checkbox"/> Face/Dust Mask	<input type="checkbox"/> Other		
<input type="checkbox"/> Work Clothing			
<input type="checkbox"/> First Aid			
<input type="checkbox"/> Other			

Required Permits and/or Plan Requirements for your Company or Client				
<input type="checkbox"/> Hoisting Personnel	<input type="checkbox"/> Personnel Lift (Manbasket)	<input type="checkbox"/> Descent Control	<input type="checkbox"/> Hoist/Gin Pole	<input type="checkbox"/> Capstan Hoist
<input type="checkbox"/> Crane Lift	<input type="checkbox"/> Confined Space	<input type="checkbox"/> Excavation	<input type="checkbox"/> Hot Work	<input type="checkbox"/> Lockout/Tagout
<input type="checkbox"/> Other				
Have all applicable notifications related to permits been made			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> N/A	
Electrical		Rooftop		
<input type="checkbox"/> Electrical Tools	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Personal Fall Arrest	<input type="checkbox"/> Anchorage System	
<input type="checkbox"/> Electrical Test Equip	<input type="checkbox"/> Elec Equip Inspection	<input type="checkbox"/> Warning Line System	<input type="checkbox"/> Skylight Barricades	
<input type="checkbox"/> GFCI	<input type="checkbox"/> Electrical PPE	<input type="checkbox"/> Guard Rails / Parapet		
<input type="checkbox"/> Other	<input type="checkbox"/> Other			
ALL TASKS				
Describe the elevation, site terrain and environmental hazards:				
Describe hazards with site/vehicle access (i.e. boom and cranes/electrical lines) and storage of materials:				
Describe the overhead and underground electrical hazards:				
Describe other:				
Complete for Civil Work				
Describe cave-in control measures for personnel in excavations greater than 5' deep				
<input type="checkbox"/> Sloping	<input type="checkbox"/> Benching	<input type="checkbox"/> Shoring	<input type="checkbox"/> Shield Box	<input type="checkbox"/> Other:
<input type="checkbox"/> Ladder System (if 4 feet deep or greater) every 25 feet of length. Must extend 36 inches above landing.				
Describe other:				
Complete for Elevated Work				
Describe cave-in control measures for personnel in excavations greater than 5' deep				
<input type="checkbox"/> Full Body Harness	<input type="checkbox"/> Double Leg or 2 Lanyards	<input type="checkbox"/> Rope Grab	<input type="checkbox"/> Cable Grab	
<input type="checkbox"/> Retractable Lifeline	<input type="checkbox"/> Anchorage Straps	<input type="checkbox"/> Rope Descenders	<input type="checkbox"/> Boatswains chair	
<input type="checkbox"/> Ladder safety Climb				
Has each employee inspected his or her fall protection equipment?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> N/A	
Is all gear in rescue bag or container present and operable at the base of tower or elevation?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> N/A	
Hoisting Equipment to be used (if applicable):			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> N/A	
<input type="checkbox"/> Base Mounted Hoist	<input type="checkbox"/> Crane/Boom Truck	<input type="checkbox"/> Gin Pole	<input type="checkbox"/> Suspended Basket	<input type="checkbox"/> Aerial Lift Device
Is the Suspended Personnel Platform Checklist and Critical Lift Plan completed and on site?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> N/A	
Does the hoist comply with the regulations for lifting personnel?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> N/A	
Are there adequate radio communications from tower to ground?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> N/A	

**THE LAST 5 MINUTES** The "Last Five Minute" is intended to be a quick assessment of the site before leaving

Check the box next to each item if it is satisfactory. As You Leave the Site

- Is the logbook signed and NOC notified (if applicable)?
- Is the construction area secured (i.e., fenced, barrier tape, warning signs, etc.)?
- Are all trenches covered and/or barriers in place?
- Is any material or equipment left in an unsafe suspended condition?
- Are the shelter, gang boxes, and/or equipment doors closed and secured/locked?
- Are the warning / no trespassing signs visible?
- FINALLY; Did I lock the gate when I left the site?

The "Last Five Minutes" sets the stage for how the client and others will view the site when they arrive.

**Personnel**

Name	Competent Climber Rescue Certification	Competent Rigger Certification	OSHA 10 / 30 Certification	First Aid / AED / BBP / CPR Certification	Crew Member <b>Time &amp; Date Stamped</b> Picture as Signature

Job Hazard Analysis discussed and reviewed with all crew and other contractors on site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

# Daily Site Specific Rescue Plan

Site Name: \_\_\_\_\_

Job Number: \_\_\_\_\_

Date: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Work is taking place at an elevated location and a rescue plan is necessary Yes      No

The rescue plan is good for the complete job Yes      No

Type of Structure    Monopole                  Self Support                  Guyed                  Rooftop                  Other

## Check List:

The Emergency Data Sheet is filled out and posted?

The Job Hazard Analysis is complete and on site?

The appropriate First Aid individuals are on site?

The appropriate Rescue individuals are on site?

The appropriate Rescue equipment is on site for the rescue plan?

Of there are any special obstructions or conditions that need to be discussed, ensure you document them in comments.

Once the rescue plan is made, the equipment for the plan shall be inspected to ensure it is on site and in proper working condition.

## Descriptive Comments:

**Reminders:** 1) Remain Calm, 2) Call 911, 3) Assess the person's medical condition, 4) Do not become the victim, 5) Secure the site of any other hazards.

**Employees on site:**

**Rescue Trained**

**Signature**

Yes                  No

Yes                  No

Yes                  No

Yes                  No

Yes                  No

## Safety & Rigging Equipment Inspection Form

### All Ropes, load, safety and tag

Your Name: \_\_\_\_\_

Date: \_\_\_\_\_

**ROPE ID / TYPE**  
(load, tag safety)

**CONDITIONS**

- ABRASION / FRAYING
- STEALTH GLAZING
- LOSS OF FAITH
- TOO MUCH USE / OLD AGE
- EXPOSED CORE FIBERS
- GOOD FLEXIBILITY
- UNUSUAL DISCOLORATION
- UNIFORM DIMETER
- REMOVE FROM SERVICE

COMMENTS

### CAPSTAN HOIST INSPECTION LOG



Last Service Date: \_\_\_\_\_

Manufacture: \_\_\_\_\_

Serial Number: \_\_\_\_\_

**Lifting Capacity in LBS**    **Conditions**

- Legible Lable
- Damaged Drum
- Rope Hook Damage
- Damaged Mount
- Damaged Pedal
- Exposed Wires
- Signs of Corrsion
- Loss of Faith
- Remove From Service

# Ladder Inspection Form

Your Name: \_\_\_\_\_

Ladder Reference Number: \_\_\_\_\_ Tower: \_\_\_\_\_

Date: \_\_\_\_\_ Ground: \_\_\_\_\_

**STEPLADDER**

Size: \_\_\_\_\_ ft.



- Fiberglass  
 Aluminum

Circle Areas of Damage 6206

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| <b>Steps:</b><br>Loose, cracked, bent, or missing            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Rails:</b><br>Cracked, bent, split or frayed rail shields | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Labels:</b><br>Missing or not readable                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Pail Shelf:</b><br>Loose, bent, missing, or broken        | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Top:</b><br>Cracked, loose, or missing                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Spreader:</b><br>Loose, bent, or broken                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>General:</b><br>Rust, corrosion, or loose                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other:</b><br>Bracing, shoes, or rivets                   | <input type="checkbox"/> | <input type="checkbox"/> |

**ACTIONS:**

- Ladder tagged as damaged and removed from use  
 Ladder is in good condition

**PODIUM**

Size: \_\_\_\_\_ ft.



- Fiberglass  
 Aluminum

Circle Areas of Damage PD6204

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| <b>Steps:</b><br>Loose, cracked, bent, or missing            | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Rails:</b><br>Cracked, bent, split or frayed rail shields | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Labels:</b><br>Missing or not readable                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Top:</b><br>Cracked, loose, or missing                    | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Spreader:</b><br>Loose, bent, or broken                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Platform:</b><br>Cracked or bent                          | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>General:</b><br>Rust, corrosion, or loose                 | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other:</b><br>Bracing, shoes, or rivets                   | <input type="checkbox"/> | <input type="checkbox"/> |

**ACTIONS:**

- Ladder tagged as damaged and removed from use  
 Ladder is in good condition

**EXTENSION LADDER**

Size: \_\_\_\_\_ ft.



- Fiberglass  
 Aluminum

Circle Areas of Damage D6224

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| <b>Rungs:</b><br>Loose, cracked, bent, or missing     | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Rails:</b><br>Cracked, bent, split, or frayed      | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Labels:</b><br>Missing or not readable             | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Rung Locks:</b><br>Loose, bent, missing, or broken | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Hardware:</b><br>Damaged, loose, or missing        | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Shoes:</b><br>Worn, broken, or missing             | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Rope / Pulley:</b><br>Loose, bent, or broken       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>General:</b><br>Rust, corrosion, or loose          | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Other:</b><br>Bracing rivets                       | <input type="checkbox"/> | <input type="checkbox"/> |

**ACTIONS:**

- Ladder tagged as damaged and removed from use  
 Ladder is in good condition



# HARNES INSPECTION

HARNES PART NUMBER: \_\_\_\_\_

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

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

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

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

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

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

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

## HARNES CONFIGURATION:

CHEST STRAP:  PT  TB  QC

LEG STRAPS:  PT  TB  QC

WAIST BELT:  YES  NO

PT: PASS-THROUGH | TB: TONGUE BUCKLE | QC: QUICK-CONNECT

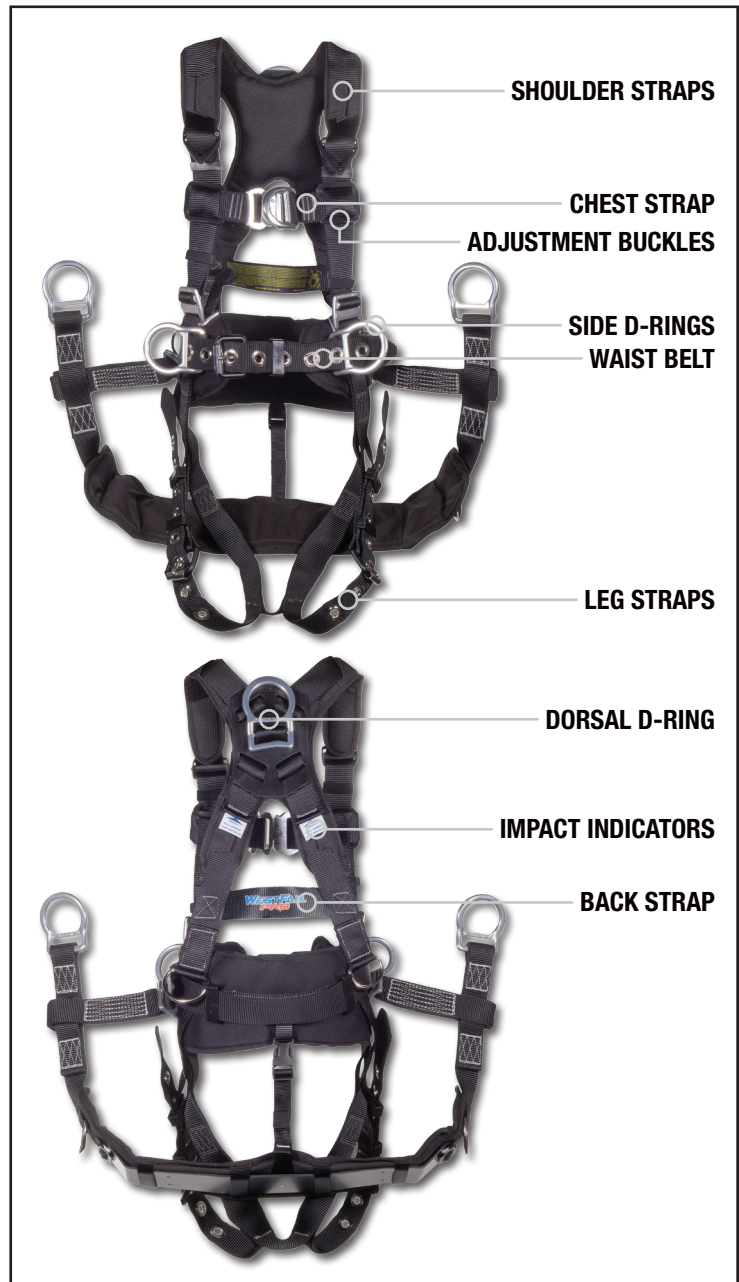
NOTES

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"/>
IMPACT INDICATOR (SIGNS OF DEPLOYMENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARDWARE (BUCKLES & D-RINGS)	PASS	FAIL	NOTE
SHOULDER ADJUSTMENT BUCKLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEG & WAIST BUCKLES / OTHER HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-RINGS (DORSAL, SIDE, SHOULDER, OR STERNAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORROSION / PITTING / NICKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEBBING	PASS	FAIL	NOTE
SHOULDER / CHEST / LEG / BACK STRAPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUTS / BURNS / HOLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAINT CONTAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCESSIVE WEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT CORROSION / UV DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STITCHING	PASS	FAIL	NOTE
SHOULDER / CHEST / LEG / BACK STRAPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# HARNES INSPECTION

HARNES PART NUMBER: \_\_\_\_\_

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

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

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

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

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

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

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

## HARNES CONFIGURATION:

CHEST STRAP:  PT  TB  QC

LEG STRAPS:  PT  TB  QC

WAIST BELT:  YES  NO

PT: PASS-THROUGH | TB: TONGUE BUCKLE | QC: QUICK-CONNECT

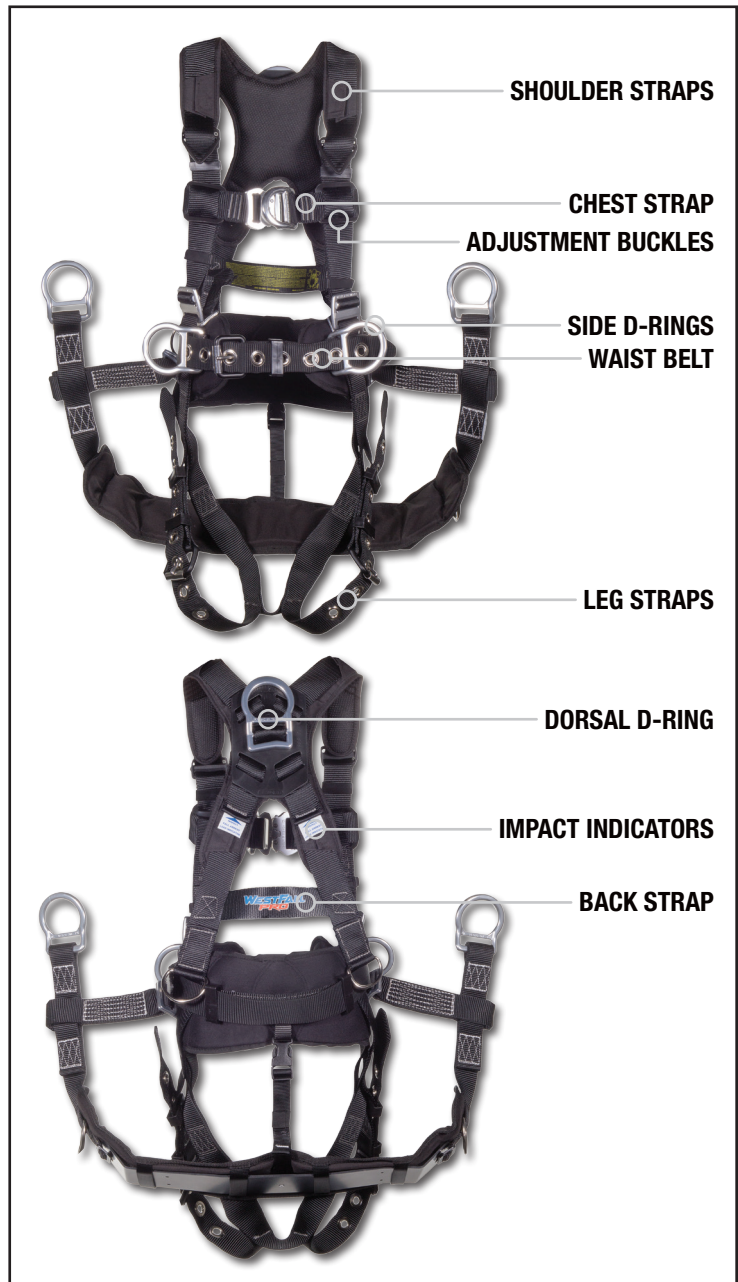
NOTES

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"/>
IMPACT INDICATOR (SIGNS OF DEPLOYMENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARDWARE (BUCKLES & D-RINGS)	PASS	FAIL	NOTE
SHOULDER ADJUSTMENT BUCKLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEG & WAIST BUCKLES / OTHER HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-RINGS (DORSAL, SIDE, SHOULDER, OR STERNAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORROSION / PITTING / NICKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEBBING	PASS	FAIL	NOTE
SHOULDER / CHEST / LEG / BACK STRAPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUTS / BURNS / HOLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAINT CONTAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCESSIVE WEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT CORROSION / UV DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STITCHING	PASS	FAIL	NOTE
SHOULDER / CHEST / LEG / BACK STRAPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# HARNES INSPECTION

HARNES PART NUMBER: \_\_\_\_\_

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

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

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

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

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

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

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

## HARNES CONFIGURATION:

CHEST STRAP:  PT  TB  QC

LEG STRAPS:  PT  TB  QC

WAIST BELT:  YES  NO

PT: PASS-THROUGH | TB: TONGUE BUCKLE | QC: QUICK-CONNECT

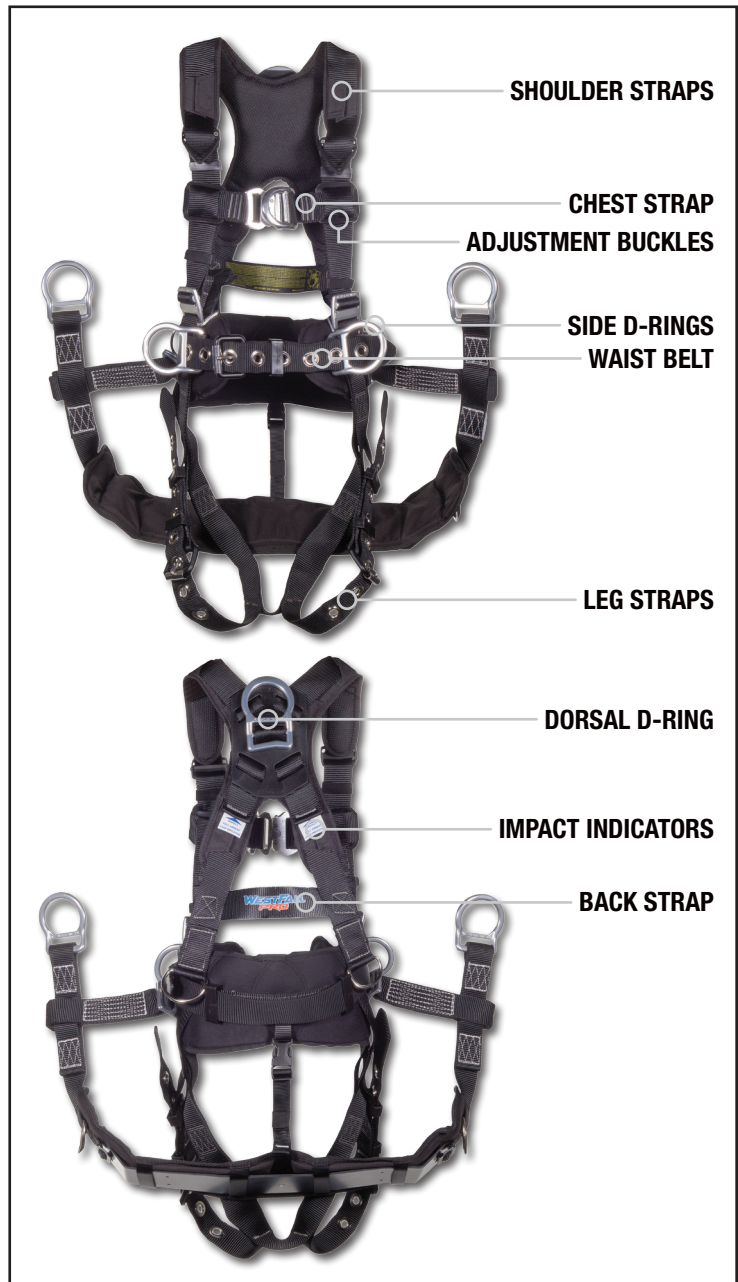
NOTES

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"/>
IMPACT INDICATOR (SIGNS OF DEPLOYMENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARDWARE (BUCKLES & D-RINGS)	PASS	FAIL	NOTE
SHOULDER ADJUSTMENT BUCKLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEG & WAIST BUCKLES / OTHER HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-RINGS (DORSAL, SIDE, SHOULDER, OR STERNAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORROSION / PITTING / NICKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEBBING	PASS	FAIL	NOTE
SHOULDER / CHEST / LEG / BACK STRAPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUTS / BURNS / HOLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAINT CONTAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCESSIVE WEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT CORROSION / UV DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STITCHING	PASS	FAIL	NOTE
SHOULDER / CHEST / LEG / BACK STRAPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# HARNES INSPECTION

HARNES PART NUMBER: \_\_\_\_\_

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

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

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

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

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

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

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

## HARNES CONFIGURATION:

CHEST STRAP:  PT  TB  QC

LEG STRAPS:  PT  TB  QC

WAIST BELT:  YES  NO

PT: PASS-THROUGH | TB: TONGUE BUCKLE | QC: QUICK-CONNECT

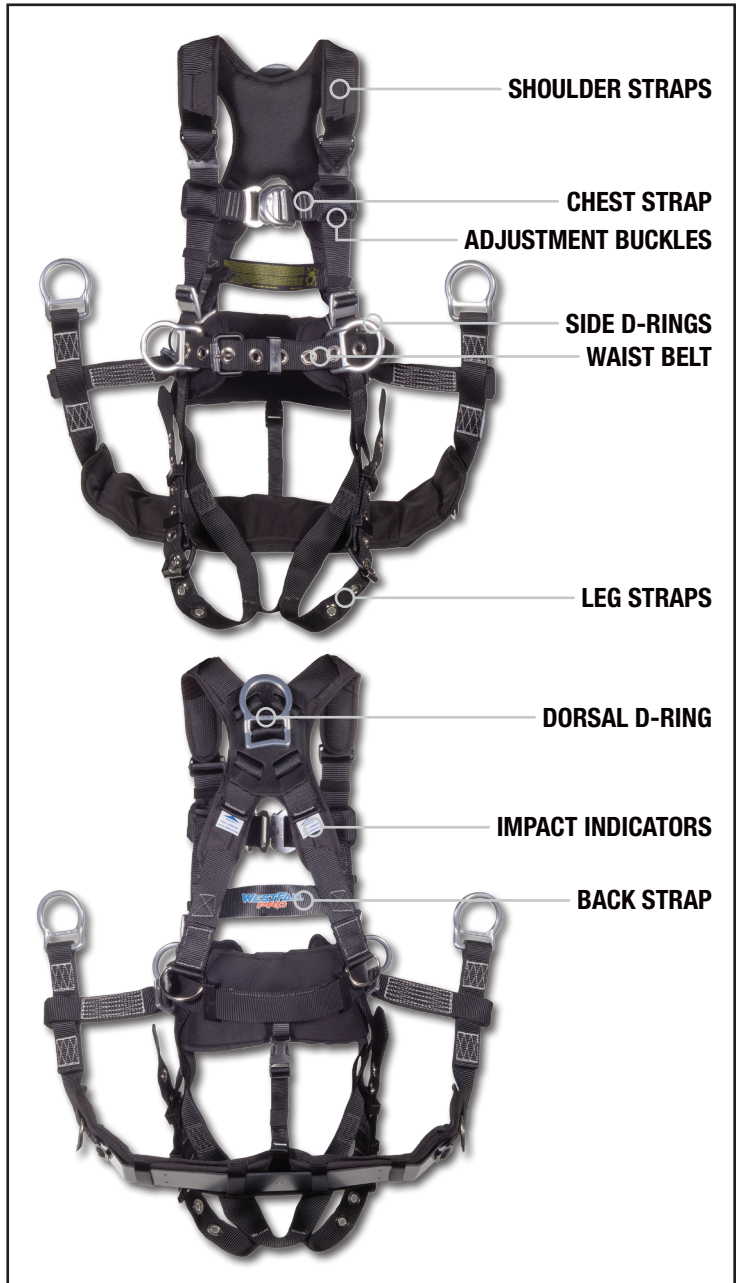
NOTES

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"/>
IMPACT INDICATOR (SIGNS OF DEPLOYMENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HARDWARE (BUCKLES & D-RINGS)	PASS	FAIL	NOTE
SHOULDER ADJUSTMENT BUCKLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEG & WAIST BUCKLES / OTHER HARDWARE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-RINGS (DORSAL, SIDE, SHOULDER, OR STERNAL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORROSION / PITTING / NICKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEBBING	PASS	FAIL	NOTE
SHOULDER / CHEST / LEG / BACK STRAPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CUTS / BURNS / HOLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAINT CONTAMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCESSIVE WEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEAT CORROSION / UV DAMAGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STITCHING	PASS	FAIL	NOTE
SHOULDER / CHEST / LEG / BACK STRAPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# Block Inspection Form

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

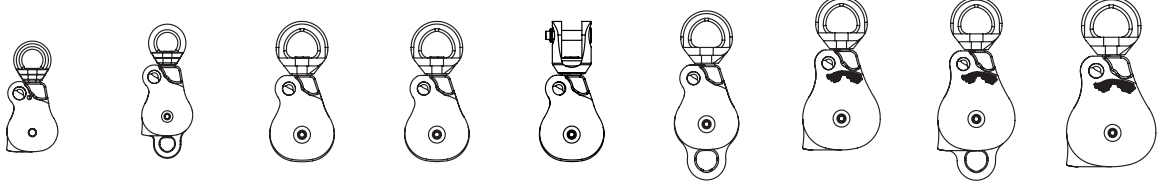
P54 Omni-Block  
P53 Omni-Block  
P51 Omni-Block  
P55 Omni-Block

Model # & Max Load    Serial #

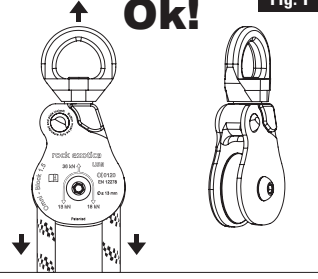
CONDITIONS

Remove From Service  
Bearings Good  
Lock Functions  
Housing Wear  
Pulley Wear

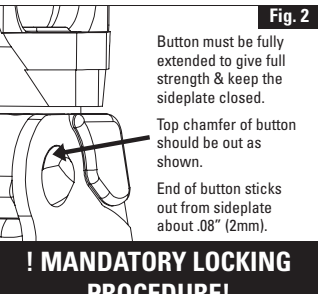
COMMENTS



	P54 1.1"	P54 D 1.1"	P51 1.5"	P51 SS 1.5"	P51 SH 1.5"	P51 D 1.5"	P53 2.0"	P53 D 2.0"	P55 2.6"
	1.1" 28 mm	1.1" 28 mm	1.5" 38 mm	1.5" 38 mm	1.5" 38 mm	1.5" 38 mm	2.0" 51 mm	2.0" 51 mm	2.6" 66 mm
Max Rope Ø <...> (... mm)	.5" (13m m)	.5" (13m m)	.5" (13m m)	.5" (13m m)	.5" (13m m)	.5" (13m m)	.5" (13m m)	.5" (13m m)	.5" (13m m)
Strength/ MBS	23 kN	30 kN	36 kN	36 kN	36 kN	36 kN	36 kN	40 kN	80 kN
WL L	5 kN	7.25 kN	8 kN	8 kN	8 kN	8 kN	8 kN	10 kN	20 kN
Heigh t	4.4" (112 mm)	5.1" (130 mm)	5.3" (135m m)	5.3" (135m m)	5.3" (135m m)	6.3" (160 mm)	5.8" (148 mm)	7.0" (180 mm)	7.53" (191. 3)
Widt h	2.0" (51m m)	2.0" (51m m)	2.5" (63 mm)	2.5" (63 mm)	2.5" (63 mm)	2.5" (63 mm)	3.0" (76 mm)	3.0" (76 mm)	3.62" (92.5 mm)
Weigh t	4.9oz (140 gm)	8.6oz (245gm)	9.2oz (260gm)	10.7oz (303gm)	10.7oz (303gm)	14.5oz (411gm)	12.3oz (348gm)	20.9oz (591gm)	29.9oz (850 gm)
Certificatio n	CE	CE	CE	CE	n/ a	CE	CE	CE	CE

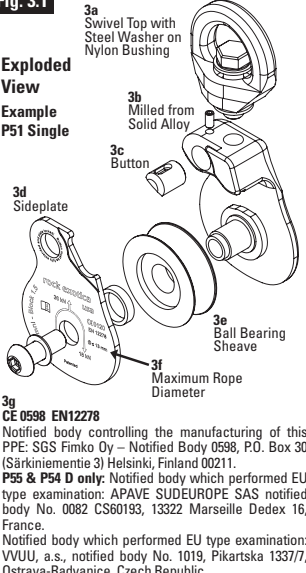


**Ok!** Fig. 1



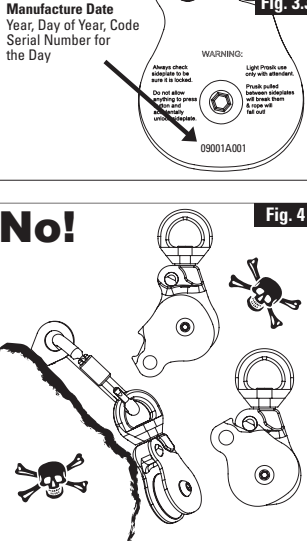
Button must be fully extended to give full strength & keep the sideplate closed.  
Top chamfer of button should be out as shown.  
End of button sticks out from sideplate about .08" (2mm).

**! MANDATORY LOCKING PROCEDURE!**



**Fig. 3.1**  
3a Swivel Top with Steel Washer on Nylon Bushing  
3b Milled from Solid Alloy  
3c Button  
3d Sideplate  
3e Ball Bearing Sheave  
3f Maximum Rope Diameter  
3g CE 0598 EN12278

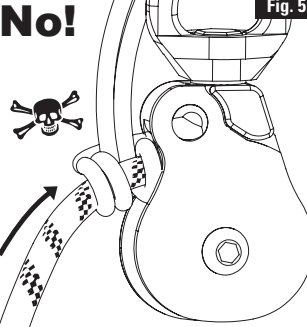
Notified body controlling the manufacturing of this PPE: SGS Fimko Oy – Notified Body 0598, P.O. Box 30 (Särkinientie 3) Helsinki, Finland 00211.  
P55 & P54 D only: Notified body which performed EU type examination: APAVE SUDEUROPE SAS notified body No. 0082 CS60193, 13322 Marseille Dedex 16, France.  
Notified body which performed EU type examination: VVUU, a.s., notified body No. 1019, Pikartska 1337/7, Ostrava-Radvanice, Czech Republic.



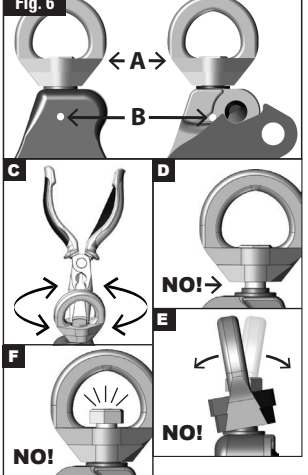
**Fig. 3.3**  
Manufacture Date  
Year, Day of Year, Code  
Serial Number for the Day

WARNING: Light touch only with attention. Do not allow anything to press against the swivel top. Do not allow anything to fall out!

**No!** Fig. 4

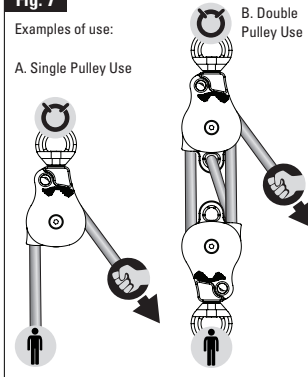


**No!** Fig. 5




**Fig. 6**

**No!**



**Fig. 7**  
Examples of use:  
A. Single Pulley Use  
B. Double Pulley Use

**Attention!** 

**EN:** (A) For orientation only. Not for high speed or multi-rotation. Do not use with wire rope or steel cable. Verify swivels rotate freely. (B) Verify spring pins or set screws are in place and have not been removed. (C,D,E,F) Before, during and after use, ensure bolt has not loosened by checking bolt with your fingers and making sure swivel top does not move up or down. Periodically, ensure bolt has not loosened by checking bolt with pliers.  
**ES:** (A) Como orientación solamente. No apto para altas velocidades o rotación múltiple. No utilizar con un cable metálico o de acero. Compruebe que los eslabones giratorios giren libremente. (B) Compruebe que los pernos de resorte o los tornillos de fijación estén en su lugar y que no se hayan retirado. (C,D,E,F) Antes, durante y después del uso asegúrese de que el perno no se haya aflojado verificando el perno con los dedos y asegurándose de que la parte superior giratoria no se mueva hacia arriba o hacia abajo. Periódicamente, asegúrese de que el perno no se haya aflojado verificando el perno con los alicates.  
**FR:** (A) Pour orientation uniquement. Pas pour haute vitesse ou rotation multiple. N'utilisez pas ce système avec un câble métallique ou en acier. Vérifiez que les émerillons tournent librement. (B) Vérifiez que les boulons d'arrêt ou les vis de fixation sont en place et qu'ils n'ont pas été retirés. (C,D,E,F) Avant, pendant et après l'utilisation s'assurer que le boulon n'a pas desserré en vérifiant le boulon avec les doigts et en veillant à ce que le dessus pivotant ne bouge pas vers le haut ou vers le bas. Périodiquement, s'assurer que le boulon n'a pas desserré

**Principal Material** Aluminum alloy, anodized.

**Repairs or Modifications to Equipment** Are only allowed by the manufacturer or those authorized in writing by the manufacturer.

**Detailed Inspection** In addition to inspection before, during and after each use, a detailed inspection by a competent inspector must be done at least every 12 months or more frequently depending on amount and type of use. Make a copy of these instructions and use one as the permanent inspection record and keep the other with the equipment. It is best to issue new gear to each user so they know its entire history.

**Stainless Sheaves for Cable** Available on the Omni 1.5 single. This can be used with rope as well as wire cable, but be sure cable use has not created burrs that will harm rope.

**Shackle Top A** swiveling shackle top can be ordered in place of the standard swivel eye. This saves vertical height but takes longer to install/remove & you must be careful that your anchor is compatible with the shackle. Shackle top Omni's come with a supplemental instruction sheet - be sure you have it & read it!

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After clicking submit form button the form is sent to your email program in DRAFTS for sending. Please change the subject of the email to **SITE ID and Date** then send.  
Example **9AT0001 2/22/2022**