

INSPECTION FORM

Carabiner

Serial # _____

Owner/Company: _____

Date of First Use: _____

Inspector: _____

Date of Manufacture: _____

Date of Inspection: _____

LABELS & MARKINGS

Pass Fail

Are labels intact & legible?

☐ ☐

Are appropriate ANSI/OSHA/CSA markings visible?

☐ ☐

Body

Pass Fail

Any sign of excessive wear?

☐ ☐

Any sign of deformation?

☐ ☐

Free of corrosion/holes ?

☐ ☐

Free of pitting/nicks?

☐ ☐

Gate

Pass Fail

Does connector self close and lock?

☐ ☐

Is it a smooth operation?

☐ ☐

Any sign of deformation?

☐ ☐

Is connector clean, free of dirt or grit?

☐ ☐

Is lateral movement functional?

☐ ☐

NOTES

