

Daily FallBan Inspection Log

Date System Set Up _____

Date of Inspection _____

Company Name _____

Inspector Name & Title _____

Building Name and Address _____

Is the system in a SAFE, effective condition?	Yes	No	
Has anyone dismantled any portion of this system	Yes	No	
Has the system been reinstalled	Yes	No	N/A
Any Damage to FallBan Components	Yes	No	N/A
Have all repairs been completed	Yes	No	
Gates in place at Access Points	Yes	No	
Flag Line all in place	Yes	No	
Cable tension checked	Yes	No	
Re-tension Cables	Yes	No	N/A
Visually inspect FallBan Components			
For corrosion, rust, pits, dents or damage	Yes	No	
Diagonal brace rod ends and swivels inspected	yes	No	