

RETRACTABLE LANYARD ACKNOWLEDGEMENT FORM

I have received instruction on the proper use of retractable lanyards. I have been informed that the use of damaged, malfunctioning, or modified equipment will result in disciplinary action up to and including discharge. Inspection shall include:

1. Strap is not twisted
2. Strap is free of knots
3. Lanyards retract fully when disconnected from harness
4. Lanyards "Lock up" when pulled quickly
5. Load Impact Indicator is intact
6. Strap is not frayed
7. All connections are secure and clips lock in closed position

These inspections are to be done prior to use at the beginning of shift and throughout the day. I will report any substandard inspection results to my supervisor or manager. All lanyards not passing inspection will be brought to the supervisor for evaluation and/or repair or replacement. I will not wear a properly functioning lanyard and harness.

Name Printed _____

Name Signed _____ Date _____

Instructor _____ Date _____