Fall Protection Inspection and Acceptance Checklist

Controlling Contractor:_____Subcontractor:_____
Controlling Contractor Representative:_____Title:_____
Subcontractor Representative:_____Title:_____
Project:_____Floor(s):_____Time:_____ Date:_____
Sections, Areas, or Zones of Floor:_____
Initial System Installed by:_____Certified Welder:_____

Handrails type	**Cable Diameters**	**Post/Stanchion type**	**Intermediate Posts**
_ Wood	_ 5/16	_ Wood	_ Wood
_ Cable	_ 3/8	_ Angle Iron	_ Angle Iron
_ Other	_ 1/2	_ Column	_ Column
_ _____	_ Other	_ Other	_ Other

	Not Acceptable	**Acceptable**
Handrail vertical support spacing	_ > 15 feet	_ < 15 feet
Handrail capable of withstanding downward force	_ < 200 lbs	_ > 200 lbs
Handrail capable of withstanding outward force	_ < 200 lbs	_ > 200 lbs
Handrail height	_ Other_____	_ 42” + or - 3”
Handrails height after concrete is placed	_ Other_____	_ 42” + or - 3”
Midrail capable of withstanding downward force	_ < 150 lbs	_ > 150 lbs
Midrail capable of withstanding outward force	_ < 150 lbs	_ > 150 lbs
Midrail Height	_ Other_____	_ 21” + or - 3”
Mesh or screen used in lieu of a midrail	_ No	_ Yes
Toeboards installed	_ No	_ Yes
How are the cables connected	_ Lap/Splice	_ Looped
Number of cable clamps per cable at connection	_ 1 or 2	_ 3
Deflection in cable handrail	_ > 3”	_ < 3”
Deflection in midrail	_ > 3”	_ < 3”
Is toprail cable flagged at intervals < 6 feet	_ No	_ Yes
Tightening devices installed in each section	_ No	_ Yes
Any unprotected handrail openings > 19”	_ Yes	_ No
Any unprotected deck or floor openings > 2”	_ Yes	_ No
Is all of the decking material secure/complete	_ No	_ Yes
Material receiving area clearly defined	_ No	_ Yes
Material receiving area has removable rails	_ No	_ Yes

Does the area under inspection connect to a Controlled Decking Zone (CDZ) or warning line system?

_ Yes _ No

If So:	**Not Acceptable**	**Acceptable**
Is the CDZ clearly marked or identified	_ No	_ Yes
Is the warning line system clearly identified	_ No	_ Yes

Is the controlling contractor accepting the above listed area or section of fall protection?

_ Yes _ No

If no:

Provision to be taken before this system can be accepted:

_____
_____
_____

Re-inspection scheduled for time/date:_____