

## FALL PROTECTION EQUIPMENT FORM

**\*\*IF YOU ARE USING PMI EQUIPMENT PLEASE COMPLETE SECTION 1. IF YOU ARE USING YOUR OWN EQUIPMENT, PLEASE COMPLETE BOTH SECTIONS 1 AND 2\*\***

SECTION 1 <span style="float: right;">BODY HARNESS AND LANYARD INSPECTION REPORT</span>										
Employee:						Date:				
Event:						Location:				
Instructions:  1. All parts of the body harness and its attachments must be inspected for wear and damage. 2. Inspect and document prior to each use. 3. Select OK or REPLACE for inspection condition. 4. Maintain the completed inspection report so that it is readily available. 5. Any damaged harness must be immediately taken out of service.			Harness Webbing and/or Leather  REPLACE  O K	All Stitching  REPLACE  O K	Rivets & Eyelets  REPLACE  O K	D-Ring(s) & Buckle(s) if applicable  REPLACE  O K	Lanyard & Deceleration Device  REPLACE  O K	Hook Safety Latch  REPLACE  O K	Certification or Data Tag  REPLACE  O K	Personally Owned Body Harness  REPLACE  O K
Harness Serial Number	Lanyard Serial Number	Date Harness was Placed into Service								
SUBMITTED BY:										
COMPANY			PRINT NAME			SIGNATURE		DATE		

## SECTION 2 DECLINATION OF PMI-PROVIDED FALL PROTECTION EQUIPMENT

I understand that my job duties and responsibilities expose me to potential falls (e.g., rigging; working at heights greater than 4') and thus I am required by PMI Entertainment Group (Employer) to wear an approved safety harness (OSHA/ANSI) during all activities where I may be exposed to a fall hazard. PMI Entertainment Group has made available to me, at no cost, the necessary approved fall protection harness and lanyard (OSHA/ANSI) for my use while performing tasks at the Brown County Veterans Memorial Complex. I have voluntarily elected to provide my own personal fall protection equipment that includes an OSHA/ANSI compliant harness and lanyard.

I understand that by declining the fall protection equipment provided by PMI Entertainment Group, I am personally responsible for inspecting my fall protection harness each time I use such equipment at the Brown County Veteran's Memorial Complex. I also understand and acknowledge that I must comply with the rules and policies set forth in the PMI Fall Protection Program, including providing the necessary documentation (e.g., daily inspection reports) to the Union Steward for inclusion in the PMI Fall Protection Program. PMI does reserve the right to refuse use of my own equipment if upon inspection it is deemed to be damaged.

**ANY DAMAGED EQUIPMENT MUST BE IMMEDIATELY REMOVED FROM SERVICE.**

Employee Name Print: \_\_\_\_\_

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