

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 BODY HARNESS AND LANYARD INSPECTION REPORT										
Employee:						Date:				
Event:						Location: Resch Center				
Instructions: 1. All parts of the body harness and its attachments must be inspected for wear and damage. 2. This √ symbol is for YES or OK. This x symbol is for NO or REPLACE. 3. Inspect and document prior to each use. 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	All Stitching	Rivets & Eyelets	D-Ring(s) & Buckle(s) if applicable	Lanyard & Deceleration Device	Hook Safety Latch	Certification or Data Tag	Personally Owned Body Harness
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: _____