



Sign out sheet – Fall Protection Equipment

Project _____

Date	Item	SN# or UID	Name	Signature
	1			
	2			
	3			By signing above you are indicating you have received the equipment identified in good condition, have been previously trained in its use, and have conducted a pre-use inspection.
	4			

Notes: _____

Returned Received by: _____

Date	Item	SN# or UID	Name	Signature
	1			
	2			
	3			By signing above you are indicating you have received the equipment identified in good condition, have been previously trained in its use, and have conducted a pre-use inspection.
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