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| **Supported Scaffold Inspection Form** |
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| **Date of Report** |       |
| **Completed By** |       |

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| **Project** |       |
| **Contract Number** |       |
| **Contractor (Responsible for scaffold)** |       |
| **Competent Person (Responsible for Scaffold)** |       |
| **Location of Scaffold** |       |
| **Scaffold Type/ Description** |       |
| **Date Scaffold Erected** |       |
|  |  |
| **Scaffold >125ft in Height** | Yes [ ]  No [ ]  N/A [ ]  |
| **Scaffold Designed by Registered Professional Engineer** | Yes [ ]  No [ ]  N/A [ ]  |

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| **Operations/Activities in Progress** |       |

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| **Item #** | **Check List** | **Rating****(S), (NI), (U), (NA)****(ratings defined below)** | **Action Required** |
| **1** | **Scaffold capable of supporting its own weight and at least 4 times the maximum intended load applied**  |       | **[ ]**  |
| **2** | **Scaffold supported on base plates and mud sills or other adequate foundation**  |       | **[ ]**  |
| **3** | **Scaffold components compatible**  |       | **[ ]**  |
| **4** | **Cross Bracing installed on all frames**  |       | **[ ]**  |
| **5** | **Scaffold frames pinned together to prevent dislodging (per Mfr. Recommendations)** |       | **[ ]**  |
| **6** | **All components free of damage**  |       | **[ ]**  |
| **7** | **Scaffold frames plumb & level**  |       | **[ ]**  |
| **8** | **Scaffold working/walking platform equipped top & mid rails**  |       | **[ ]**  |
| **8a** | **Top rail capable of supporting 200lbs**  |       | **[ ]**  |
| **8b** | **Mid rail capable of supporting 150lbs**  |       | **[ ]**  |
| **8c** | **If cross bracing is used as top rail; crossing point of the braces b/t 38”-48” above work platform**  |       | **[ ]**  |
| **8d** | **If cross bracing is used as mid rail; crossing point of the braces b/t 20”-30” above work platform**  |       | **[ ]**  |
| **9** | **Scaffold working/walking platform equipped with toe board**  |       | **[ ]**  |
| **10** | **Scaffold equipped with safe means of access to platform (i.e., ladders, stair towers)**  |       | **[ ]**  |
| **10a** | **Scaffold access is properly secured, will not cause the scaffold to tip** |       | **[ ]**  |
| **10b** | **Access configuration does not place worker at risk of falling to lower levels when making the transition** |       | **[ ]**  |
| **11** | **When portable hook-on / attachable ladders are used, rest platforms provided at max intervals of 35ft (scaffolds over 35 ft. in height)** |       | **[ ]**  |
| **12** | **All working/walking platforms fully planked (Max 1” gap)** |       | **[ ]**  |
| **13** | **Platforms are at least 18” wide**  |       | **[ ]**  |
| **14** | **Work platform not more than 14” from face of work unless where permitted** |       | **[ ]**  |
| **15** | **Planks overlap their end supports b/t 6”-12”**  |       | **[ ]**  |
| **15a** | **Scaffold planks free of damage, splits, etc.** |       | **[ ]**  |
| **15b** | **Scaffold planks free of debris (i.e., trash, snow, ice other substances)** |       | **[ ]**  |
| **16** | **Scaffolds secured to structure once the scaffold is 4 times as high as it is wide** |       | **[ ]**  |
| **16a** | **Scaffold ties repeated based on frame width after first set of ties** |       | **[ ]**  |
| **16b** | **Top tie of completed scaffold no further then 4:1 height from top** |       | **[ ]**  |
| **16c** | **Where scaffold ties are required they are installed at each end of scaffold and at horizontal intervals not exceeding 30’** |       | **[ ]**  |
| **17** | **Scaffold located a safe distance from power lines** |       | **[ ]**  |
| **18** | **Base of scaffold clear of debris and other tripping hazards** |       | **[ ]**  |
| **19** | **Those who perform work on a scaffold are trained by Qualified Person (documentation** |       | **[ ]**  |
| **19a** | **Those who perform erection, disassembly, operating, moving, repairing, maintaining or inspecting a scaffold are trained by Competent Person (documentation available)** |       | **[ ]**  |
| **20** | **Fall protection systems utilized during erection and dismantling of scaffold** |       | **[ ]**  |
| **20a** | **Fall Protection Policy requires 100% fall protection above 6ft.** |       | **[ ]**  |
| **21** | **Controlled access zone in place to prevent unauthorized access under or around scaffold area** |       | **[ ]**  |
| **22** | **Where necessary such as stair towers, security measures in place to enclose and secure access at both top and bottom of scaffold access** |       | **[ ]**  |
| **23** | **Scaffold inspection / tag system in place** |       | **[ ]**  |
| **23a** | **Scaffold Tag is affixed to scaffold** |       | **[ ]**  |
| **23b** | **Scaffold tag is dated with current date and signed by Comp. Person for active shift** |       | **[ ]**  |

***Checklist Rating Definitions:***

***Satisfactory (S)*** *rating; majority of the safety program/procedures/policy are implemented and are in compliance with project safety requirements*

***Needs Improvement (NI)*** *rating; certain elements of the safety program/procedures/policy are not satisfactorily implemented nor are in compliance with project safety requirements*

***Unsatisfactory (U)*** *rating; critical and/or numerous elements of the safety program/procedures/policy are not satisfactorily implemented nor are in compliance with project safety requirements exposing workers/public to hazardous conditions that may affect their safety and health*

***Not Applicable (NA)*** *rating; program/procedures/policy does not apply at this time, for this particular category*

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| **Signature of Competent Person** |       |
| **Signature of Responsible Supervisor** |       |

 ***See below for any recommended corrective actions***

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| **Recommended Corrective Actions****(Reference applicable check list # in comments)** | **Recommendation Number** | **Repeat Recommendation** | **Completed****Yes / No** | **Date Completed** |
| **Responsible Contractor**       |       | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |       |
| **Recommendation**       |
| **Photos**  |
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| **Responsible Contractor**       |       | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |       |
| **Recommendation**       |
| **Photos**  |
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| **Responsible Contractor**       |       | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |       |
| **Recommendation**       |
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| **Responsible Contractor**       |       | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |       |
| **Recommendation**       |
| **Photos**  |
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| **Responsible Contractor**       |       | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |       |
| **Recommendation**       |
| **Photos**  |
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| **Responsible Contractor**       |       | Yes [ ]  No [ ]  | Yes [ ]  No [ ]  |       |
| **Recommendation**       |
| **Photos**  |
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| **Report Contact Distribution List** |

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| **Company** | **Contact Name** | **Contact Email Address** |
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