|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Ladder / Scaffold / Specific structure Name--🡪** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **ID No.----🡪** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Check points** | Mark: () if Ok, (X) if Not Ok, (-) if Not Applicable | | | | | | | | | | | | | | | | | |
| **Ladders** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Side rail** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Non Skid feet on bottom of each rail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| No splits along rail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Both rails same length |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Rungs** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rungs evenly spaced |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rungs recessed into side rail |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rungs secured and unable to rotate |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rung not bent, split or missing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Reinforcement** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lateral wires secure to both side rails |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lateral wires located below every fifth rung |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Longitudinal wires secured at each end of ladder |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| No breaks or missing ‘U’ staples |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **General** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Secured of hinge/fittings |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rear support legs undamaged |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Attachment and condition of spreader limiting devices |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ID Number clearly marked |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Color coded |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tie-off rope / clamp attached to upper rungs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Extending more than 90 above landing |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Step ladders fully open with locking device |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Scaffolding** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scaff. tag |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scaff. tag colour ( R-red, G-green) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Verticality |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Rigid, even base |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Base plate, sole board secure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Standards/ledgers/transoms/ bracings/ties secure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Couplings secure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Safe access / ladders sufficient length/ secure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Platform even, secured, no gaps |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Guard rails secure, no missing (bottom, middle, top) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Toe boards secure |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Date of Inspection** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **User / Supervisor Initial** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **User/ Supervisor ID No.** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Notes: 1) If Any Answer Is (X) Notify Scaffolding Inspector / supervisor. Do not use ladder and Remove to safe location. 2) Stores / Scaffolding Supervisor shall take action for replacement / correction 3) Such actions shall be recorded on this sheet back page with initials 4) Daily inspection shall be carried out, but need not be recorded. 5) Weekly inspection shall be recorded | | | | | | | | | | | | | | | | | | |

**Location / Area:**