

Commercial Construction Scaffold Safety Audit Form

Date of Audit

Project Name

Location

Auditor Name

Scaffold Inspection Checklist

Item	Yes	No	N/A	Comments
Scaffold is erected on a stable and level base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Proper access and egress provided (ladders, stairs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Guardrails, midrails, and toeboards installed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Scaffold components free from visible defects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Scaffold secured/tied to structure as required	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Planking/decking installed properly and complete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Work area clear of debris and obstructions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Load limits followed and properly posted	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Other Observations

Corrective Actions Required

Auditor Signature

Date