

Construction Ladder Safety Inspection Record

Date: Location/Area:

Inspector Name: Ladder ID/Type:

Inspection Checklist

Item	Yes	No	Comments
Rungs & steps secure, free from damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Side rails undamaged, straight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Feet & shoes secure, not worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Locking mechanisms function properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ladder is clean and free from oil, grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Label and markings present and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Overall condition satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Corrective Actions / Notes

Inspector Signature: Date: