

Scaffold Inspection Audit Checklist Form

Project Information

Project Name

Location

Date

Inspector Name

Scaffold Tag/Ref No.

Checklist

Item	Yes	No	N/A	Comments
Is the scaffold erected as per design/specification?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Are base plates and sole boards in place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Are all scaffold components in good condition?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Guardrails and midrails installed and secure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Access ladders or stairs are provided and properly fixed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Platforms are fully decked and secured?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Toeboards installed where necessary?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Scaffold is level and plumb?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Is scaffold free from debris and materials?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Weather conditions checked and suitable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Comments

Inspector Signature

Date

Supervisor Signature

Date