

# Scaffolding Safety Inspection Form

## General Information

Project Name

Location

Inspector Name

Date

Time

Type of Scaffold

## Inspection Checklist

Item	Status (Yes/No/N/A)	Remarks
Base properly supported and stable	<input type="text"/>	<input type="text"/>
Verticals/planks securely fixed	<input type="text"/>	<input type="text"/>
Guardrails, toe boards in place	<input type="text"/>	<input type="text"/>
Access ladders available and safe	<input type="text"/>	<input type="text"/>
Free from loose tools/debris	<input type="text"/>	<input type="text"/>
No evidence of damage/faults	<input type="text"/>	<input type="text"/>
Tagged and inspected in line with policy	<input type="text"/>	<input type="text"/>

## Additional Comments

**Inspector Signature**

**Date**