

Scaffold Safety Inspection Daily Log

Date:

Project / Location:

Inspector Name:

Scaffold Description/Location:

Inspection Item	Yes	No	N/A	Comments
Base plates or mudsills in place and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Access ladders or stairs installed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Guardrails and toe boards in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Planking complete, sound, and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Bracing/tying in place and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Scaffold free of debris and materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Weather conditions checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Damaged/missing components replaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Comments:

Inspector Signature:

Time:

