

Scaffolding Erection Permit Form

Project Name

Location

Permit Number

Date of Application

Start Date

End Date

Company / Contractor Name

Supervisor Name

Contact Number

Details of Scaffolding Erection Work

Height of Scaffolding (m)

Type of Scaffolding

Materials Used

Number of Workers

Personal Protective Equipment (PPE) Checklist

PPE Item	Available	Remarks
Helmet	<input type="checkbox"/>	
Harness	<input type="checkbox"/>	
Safety Shoes	<input type="checkbox"/>	
Gloves	<input type="checkbox"/>	

Remarks / Additional Information

Applicant Signature

Date

Permit Approved By

Approval Date