

Scaffold Safety Inspection Checklist

Project Name:

Location:

Scaffold Type:

Date:

Inspected By:

Inspection Items

Item	Yes	No	N/A	Comments
Base area clear and stable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Frames/uprights in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Planks/decks properly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Guardrails and toe boards in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bracing and ties secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Access ladders/steps secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Scaffold free from debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Safety tags displayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Comments/Observations

Corrective Actions Taken

Inspector Signature:

Date: