

Scaffold Equipment Inspection Record

Date:

Scaffold Location/ID:

Inspector Name:

Weather Conditions:

Inspection Checklist

Item	Yes	No	Comments
Base plates and mudsills in place and secure	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Uprights, braces, and connections secure	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Planking complete, in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Guardrails, toe boards in place	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Access ladders securely attached	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Ties, guys, and braces secure	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Work area kept clear of debris	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Any defects found?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Details of Defects/Actions
Taken:

Inspector Signature: