

Gyp-Tec Drywall

Scaffold Inspection Report

Work Site:	Date Inspected YY/MM/DD	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Inspection Conducted by:	Current Operation:	

No.	Scaffold/Baker Inspection Check List	
1.	Scaffold/Baker erection coordinated by a competent worker.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	A completed scaffold/baker status tag attached near access point.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Ladder, Stairway, or special design framing is installed for access	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Scaffold/Baker unit plumb and level, and resting on stable footing and firm foundation (including base plates/mud sills)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Diagonal cross bracing is in place to support legs	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Guying, tying, or bracing is installed to maintain scaffold/baker unit stability where height-to-base exceeds 4:1 ratio	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Visual inspection is completed for presence of loose, damaged, or missing Components (such as locking pins, planking, access, framing, or bracing).	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.	Working level platform is fully planked between guardrails and secured to prevent movement	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.	Platform is free of debris and slipping/tripping hazards or angle iron	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.	Platform guardrails are firmly in place on all open ends/sides where required	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.	Falling object protection is provided by installed toe boards, screening at all working platform level, area barricades or canopies	<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Fall protection plan is reviewed where required	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.	All SWP/SLP are reviewed before work begins	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	All PPE has been inspected before work begins	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Other safety hazards are controlled (such as pinch points, hot surfaces, or electrical)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Any answer of no please place number and corrective action

Comments:	Review Date: Manager Signature:
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