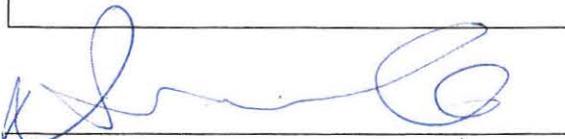


Scaffolding Inspection Checklist

Date Inspected: <u>5-20-15</u>	Start Time: <u>1:00 PM</u>	Finish Time: <u>1:35 PM</u>
Location of Scaffold: <u>450 N Street, Sacramento, CA</u>		Contractor: <u>Safe Scaffolding</u>
Designated competent person): <u>Giordano Torres</u>		Project: <u>Board of Equalization</u>
Project Number: <u>125828C</u>	Work Order: <u>3177105</u>	Client: <u>DGS/RESD/PMDB</u>

SCAFFOLDING CHECK LIST ITEMS	YES	NO	NOT APPLICABLE
Scaffold spacing and sill size capable of carrying intended loading?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Competent person in charge of inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sills properly placed and adequately sized?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Screw jacks in place to level and plumb scaffold?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Base plates and /or screw jacks in firm contact with sills and frame? <i>Check position</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Scaffold is level and plumb?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is plastic protection tightened down and free of rips and tears?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Overhead protection is secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All footings are level, no settling has occurred?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All bracing, guying, and tying in good order and secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
All materials in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
No deterioration from rust, weather or age observed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are 'C' Clamps and bolts are tight and well connected? <i>Maintenance Reviews</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Scaffold legs bracing is properly attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	



 Competent Person Signature

ON File

 Competent Person License or ID Card Number