

Scaffolding Inspection Checklist

Date Inspected: 1-07-15	Start Time: 1:30 PM	Finish Time: 2:25 PM
Location of Scaffold: 450 N Street, Sacramento, Ca	Contractor: Safe Scaffolding	
Designated competent person): <i>[Signature]</i>	Project: Board of Equalization	
Contract: 125828C	Work Order: 3177105	Client: DGS/RESD/PMDB

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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Scaffold is level and plumb?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Scaffold legs bracing is properly attached?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Overhead protection is secure?	<input 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"/>	

Check for Maintenance

[Signature]

 Competent Person Signature

 Competent Person License or ID Card Number