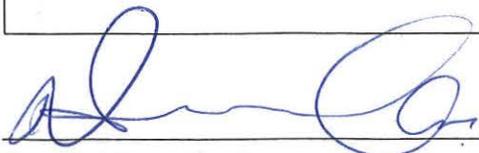


Scaffolding Inspection Checklist

Date Inspected: <i>3-11-15</i>	Start Time: <i>1:10-PM</i>	Finish Time: <i>1:35 PM</i>
Location of Scaffold: 450 N Street, Sacramento, CA		Contractor: Safe Scaffolding
Designated competent person): <i>Gerardo Torres</i>		Project: Board of Equalization
Project Number: 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? <i>Handwritten: Base plates on sills with</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? <i>Handwritten: No</i>	<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? <i>Handwritten: Standard</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Are 'C' Clamps and bolts are tight and well connected? <i>Handwritten: Condition Base safe</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