

Scaffold Inspection Log

Scaffold Details

Scaffold ID / Tag Number*: _____

Location*: _____

Scaffold Type*: _____ > Options: *Tube & Coupler, System, Mobile, Suspended, Other*

Load Class: _____ Options: *Light Duty (≤225kg/m²), Medium Duty (≤450kg/m²), Heavy Duty (≤675kg/m²), Unknown/Other*

Approximate Height (m): _____

Date Erected: _____

Inspection Details

Inspection Date: _____

Inspector Name*: _____

Inspector Qualification/Competency: _____

Weather Conditions: _____ > Options: *Clear, Overcast, Rain, Windy, Snow, Other*

Overall Condition*: _____ > Options: *Safe for Use, Requires Attention, Unsafe - Do Not Use*

Scaffold Tagged Out (Fill only if applicable)

Next Inspection Due Date: _____

Component Checklist

Components Checklist:

Component	Condition	Action Required	Rectified

Options for 'Component': *Standards, Ledgers, Transoms, Bracing, Base Plates, Guardrails, Toe Boards, Planks/Decks, Access Ladder, Ties/Anchors, Other*

Options for 'Condition': *Good, Minor Defect, Major Defect, Not Present*