

American Scaffolding, Inc.

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Completed Scaffold Erection Inspection Report Stationary Scaffold

To: _____ RENTAL CONTRACT# _____

RE: _____ YOUR PO# _____

_____ JOB LOCATION _____

The erection of the scaffold rented and/or sold to you has been completed. A walk through inspection is necessary to confirm the correctness of the erection and hour acceptance of it. The inspection needs to be accomplished with one of your supervisory personnel.

	YES	NO	N/A	ACTION/COMMENTS
1. Are sills properly placed and adequate size?				
2. Have screw jacks been used to level and plumb scaffold instead of unstable objects such as concrete blocks, loose bricks, etc.?				
3. Are base plated and/or screw jacks in firm contact with sills and frame?				
4. Is scaffold level and plumb?				
5. Are all scaffold legs braced with braces properly attached?				
6. Is guard railing in place on all open sides and ends above 10' (4' in height if less than 45")				
7. Has proper access been provided?				
8. Has overhead protection or wire screening been provided where necessary?				
9. Has scaffold been tied to structure at least every 30' in length and 26' in height?				
10. Have free standing towers been guyed or tied in every 26' in height?				
11. Have brackets and accessories been properly placed;				
Brackets?				
Putlogs?				
Tube and Clamp?				
All nuts and bolts tightened?				

	YES	NO	N/A	ACTIONS/COMMENTS
12. Is scaffold free of makeshift devices or ladders to increase height?				
13. Are working level platforms fully planked between guard rails?				
14. Does plank have minimum 12" overlap and extend 6" beyond support?				
15. Have all planks been examined?				
16. Have all examined plank met Federal OSHA requirements?				
17. Have any planks been found that are warped, damaged or otherwise unsafe?				
18. Are toe boards install properly?				
19. Have hazardous conditions been provide for:				
Power lines?				
Wind loading?				
Possible wash out of footing?				
Uplift and overturning moments due to placement of brackets, putlogs or other causes?				
20. HAVE PERSONNEL BEEN INSTRUCTED IN THE SAFE USE OF THE EQUIPMENT?				

DATE: _____

DATE: _____

LESSOR BY:

LESSEE BY:

JOB TITLE

JOB TITLE