



SCAFFOLDING SAFETY CHECKLIST

Yes	No	N/A	
			1. Are sills properly placed and adequately sized?
			2. Have screw jacks been used to level and plumb scaffold instead of unsafe objects such as concrete blocks?
			3. Are base plates and/or screw jacks in firm contact with sills and frames?
			4. Are all scaffold legs braced with braces properly attached?
			5. Is guardrailing in place on all open sides and ends above the 10' level?
			6. Have ladders been provided as a means of access to the scaffold?
			7. Have freestanding towers been guyed or tied so as not to exceed the 4 to 1 base height ratio IAW Subpart "L" of the OSHA standards 29 CFR 1926.451(c) (1)(ii)?
			8. Are working level platforms fully planked between guardrails with no split planking used?
			9. Does planking have minimum 12" overlap extended beyond supports and cleated at ends?
			10. Are toe-boards installed properly?
			11. Has a tie off analysis been performed (list details on back)?
			12. Are safety harnesses available for use when needed?
			13. Have all employees working on scaffold been informed of and trained in safe working practices while working on the scaffold?
			14. Are outriggers properly installed at 90-degree angles perpendicular to the building?
			15. Have scaffold components been properly inspected for damage and compatibility?
Rolling Towers/Baker/Perry Scaffolds			
			16. Are outriggers (if required) properly installed on both sides of rolling towers?
			17. Are platforms fully planked with no gaps greater than 1 inch?
			18. Are wheel brakes operable, and have employees been instructed to set brakes while in use?
			19. Are safety rails installed at the 10-foot level or some other type of fall protection?
			20. Have employees been properly instructed in the safety procedures for using rolling towers, Baker, or Perry Scaffolds?
			21. Have caster or wheel stems been pinned or otherwise secured to prevent them from becoming separated from the scaffold legs?

Competent Person's Name (please print) _____

Signature _____

Time and Date of Inspection: _____