Form Number	Issue Date 03/17/16	Revision Date 01/01/24	Form Number
LLCF-062	Scaffold Use	LLCF-062	

Customer		Scaffo	ld				
Name:		Location	on:				
Completed		Date:				Time:	
By:							
	Safety Checks			Yes	No	(	Comments
Scaffold components, planking/decking in good condition?							
Planks graded fo	r scaffold?						
All scaffold components in place and no defects?							
Competent person in charge of erection/inspection?							
Mud Sills properly placed and adequate sized when required?							
Screw jacks bein	g used to level and plumb scaffold when	required	19				
	or screw jacks in firm contact with mudsil		••				
Scaffold is level and plumb?							
Scaffold legs bra	ced, with braces properly attached?						
Guard railing in	place on all open sides and ends?						
Visual check to v	verify clamps secured in place?						
	to structure to prevent movement?						
Brackets, tube and clamp, and accessories properly placed with locking mechanism functioning correctly?							
Area around scaf	fold has been secured/roped off?						
Planks have minimum 12" overlap and extend 6" beyond supports?			?				
Toe boards prope	erly installed when required?						
Proper access to	get on and off the scaffold? Ladder secur	ed in pla	ace?				
	tag has been signed and approved for use						
Prior to taking do are secured corre	own scaffold, confirm all locking pins/me	chanism	ıs				
	eals scaffold is unsafe to use, has "Do No	t					
	aced at all access points?						
G:					D /		
Signature:					Date: _		