

## SCAFFOLDING ERECTION & USE INSPECTION

Weather: Rain  Snow  Sunny  Windy

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Time: \_\_\_\_\_

Number of workers: \_\_\_\_\_

Location: \_\_\_\_\_

ADEQUATE?

<b>EQUIPMENT CHECK</b>	<b>YES</b>	<b>NO</b>
1. Set up provided by a competent sub contractor and written confirmation that the equipment is safe to use as per WorkSafeBC/CSA standard.		
2. Access/Egress is kept in a safe manner.		
3. No defective equipment is being used.		
4. No alterations made to the set up, including tied back guardrails & planks, the mesh covering etc....		
5. Any problems are documented and rectified.		
<b>FALL PROTECTION PLAN</b>		
1. When working above twenty-five feet a fall protection plan must be specific to the job location.		
2. If working above ten feet and being exposed to fall hazards then a fall protection must be implemented.		
3. The workers must be trained and supervised.		
4. The equipment must be available.		
5. The anchor system must be in compliance.		
<b>SIGNAGE MUST BE UTILIZED PROPERLY</b>		
1. Workers are working safely.		
2. Signage is in place.		
3. Control zone is in place.		
4. Minimizing risk exposure to workers/sub-trades/general public.		

This form must be as required. A copy is to be provided to the contractor upon request. It is the responsibility of the supervisor to inspect and monitor the work activities Contractors completing this scope of work are responsible to ensure coordination of the work activities and may at any given time stop the work in the event that there is no compliance to the requirements.

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
COMPANY