

Time and Date of Inspection.....Location.....

Item to Check	Write in Condition	Write Any Further Action	Can work be carried out safely?	If not name the person informed
Sole Boards and Base Plates				
Standards				
Bays				
Ledgers				
Transoms				
Returns				

Ties				
Platform				
Guardrail system				
Bracing				
Ladders				

Name and position of competent and trained person making this report:

Print Name..... **Sign**

Company Name..... **Position**.....

Date of report handed over