

Project Name:		Area	
Contractor Name:		Location	
Inspection Date & Time:			

Sl. No.	CHECK POINTS	Yes	No	NA	Recommendations / Remarks
1	Footing				
a	Adequate Foundation/ground support				
b	Sole Boards / mud sill				
c	Base plate				
d	Base lift				
2	Standard				
a	Plumb with in the tolerance				
b	Joints occurred in same lift height				
c	Bay Length _____ Meter				
d	Standard extended using correct coupler				
3	Ledger				
a	All ledger connected to inside the standards				
b	Ledgers are level				
c	Joints occurred in same bay				
d	Wrong Coupler Installed				
e	Sufficient Overhung of Ledgers				
4	Transom				
a	All transom connected to inside the standards				
b	Transoms are level				
c	Joints occurred in same bay				
d	Wrong Coupler Installed				
e	Sufficient Overhung of Transom				
5	Lift				
a	Lift Height _____ Meter				
b	Lift Head Room _____ Meter				
6	Bracings				
a	Longitudinal bracing provided				
b	Transverse bracing provided				
c	Connected at node point				
d	Covered all the four sides up to the full height				
7	Ties				
a	Scaffold tied with suitable structure				
b	Correct no of ties installed				
c	Type of the tie – Box, Lip, Reveal, Through, Buttress, Anchor, Raker or Guys				
d	Horizontal distance _____ Meter				
e	Vertical distance _____ Meter				
f	Ties made with right angle couplers				

8	Platform Unit			
a	Platform Fully decked			
b	Intermediate Transom provided			If yes, What is the Distance
c	Inside Boards			If Yes How many boards
d	Gaps (if any)Covered Properly			
9	Handrails & Toe Boards			
a	Top Rail at 900 – 1.1 Meter			
b	Mid rail			
c	Toe board			
10	Raker			
a	In correct angle			
b	Connected near to the standard at node point			
c	Joints in raker tube			
d	Strut Tubes			
e	Coupled in correct coupler			
f	Supplementary coupler installed			
11	Guys			
a	Guys connected at all the four sides			
b	Angle of guys _____ Deg			
12	Ladder			
a	Installed in Correct slope			
b	Any Missing Rungs			
c	Any Damaged Rungs / Stiles			
d	Secured Correctly			
e	Extended above working or landing platform			
	Tag System			
	Green <input type="checkbox"/>	Yellow <input type="checkbox"/>	Red <input type="checkbox"/>	

Number of Lifts Number of Bays Size of the Scaffold (Length/Widht/Height – All in meter)**Scaffold Duty**V. L. Duty Light Duty General Purpose Heavy Duty

Contractor Scaffold Inspector	AMSN Area Engineer
Inspected by :	Received by :
Signature : <input type="text"/>	Signature : <input type="text"/>
Date : <input type="text"/>	Date : <input type="text"/>