

## Scaffold Use (Rev. 0)

	YES	N/A	LOI OBSERVED
1.	<input type="checkbox"/>	<input type="checkbox"/>	The designated scaffold "Competent Person" has adequate training, knowledge, and experience in proper scaffold erection, dismantlement, and fall protection procedures and practices.
2.	<input type="checkbox"/>	<input type="checkbox"/>	Personnel accessing scaffolds are trained by a competent person in accordance with 29CFR 1910.28 and 1926.450 subpart L, for scaffold use or, the person(s) accessing the scaffold is being escorted by a trained competent person.
3.	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold tag is completed properly and is affixed in the general location of the ladder. The user shall comply with any special instructions on tag.
4.	<input type="checkbox"/>	<input type="checkbox"/>	No tools or materials are carried while ascending or descending a scaffold ladder.
5.	<input type="checkbox"/>	<input type="checkbox"/>	Scaffold ladders are used only for ascending or descending scaffolds. No work/observations are performed from the ladder.
6.	<input type="checkbox"/>	<input type="checkbox"/>	Proximity hazards (ie; overhead electrical lines) have been identified and proper controls are established.
7.	<input type="checkbox"/>	<input type="checkbox"/>	Personnel do not climb off completed platforms or climb on the handrails of a scaffold to gain additional access to surrounding areas.
8.	<input type="checkbox"/>	<input type="checkbox"/>	(NOTE: If fall protection is required to access the scaffold per the attached scaffold tag, the person accessing the scaffold shall be trained in fall protection requirements in accordance with 29CFR 1926.500 sub part M and the site checklist for fall protection shall be completed)
9.	<input type="checkbox"/>	<input type="checkbox"/>	Personnel are setting up and using ladders properly. "Three Points of Contact" are maintained at all times to avoid a potential fall hazard.

Comments:


Contractor: \_\_\_\_\_

P.O. Number: \_\_\_\_\_

Area/Location: \_\_\_\_\_

Project No: \_\_\_\_\_

\_\_\_\_\_  
Print Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date