

# Scaffold Safety Audit Form

Date of Audit

Site Name/Location

Auditor Name

Scaffold Type

Scaffold Location/ID

Weather Conditions

## Audit Checklist

Item	Yes	No	N/A	Comments
Scaffold erected by competent personnel	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Base properly supported and level	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Guardrails, midrails, toe boards in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Planks/decks in good condition and secured	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Access provided (ladders, stairs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Proper bracing and tying to structure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Materials and tools properly stored	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

No visible damage, defects, or alterations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Nearby hazards (powerlines, debris) controlled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Inspection tags present and up-to-date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

### **Additional Comments/Observations**

Auditor Signature

Time