



CONSTRUCTION SAFETY COMPLIANCE Corner/Angle Scaffold Inspection Request Form

Submit typewritten form to cscuappointments@buildings.nyc.gov

(A SEPARATE FORM MUST BE SUBMITTED FOR EACH JOB)

1 REQUESTOR (Required)

Name _____

Business Phone _____ Cell Phone _____

Email _____

2 JOB INFORMATION (Required)

Date of Submission _____ Job Number _____

Site Address _____ Notification Number _____

Rigger Name _____ Rigger Lic. Number _____

Rigger/Rigging Information

Will Rigger and/or Rigger Foreman be on-site during the inspection? YES NO

Are approved rigging drawings on-site? YES NO

If yes, provide Application# _____ Approval Date _____

CD5 Notification Number

Is the CD5 Notification Number issued? YES NO

If yes, indicate CD5# _____

Is scaffold built in accordance to approved drawings (including CD5)? YES NO

Installation

Was the pre-installation inspection performed, passed and the report on-site? YES NO

Was the installation inspection performed, passed and report on-site? YES NO

Anchors

Were anchors used in the building? (If N/A, skip this section) YES NO

Was the pull test for tiebacks performed, passed and report on-site? YES NO

Is the signed and sealed pull test report on-site? YES NO

Parapet Clamps

Were parapet clamps utilized? (If N/A, skip this section) YES NO

Is the parapet inspection report signed and sealed by a NYS PE on-site? YES NO

Site Safety Requirements

Are standard site safety requirements being followed? YES NO

Is this a site safety job? (If NO, skip the next question) YES NO

Is the SSP on-site and does it indicate the suspended scaffold location? YES NO

3 CERTIFICATION (Required)

I, _____, hereby certify that the information on this form is correct and complete to the best of my knowledge and professional judgment. I understand falsification of any statement is a misdemeanor and is punishable by a fine or imprisonment, or both. I also understand it is unlawful to give a city employee, or for a City employee to accept, any benefit, monetary or otherwise, either a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently made a false statement or to have knowingly or negligently falsified or allowed to be falsified any certificate, form, signed statement application, report or certification of the correction of a violation required under the provisions of this Code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Signature _____ Date _____