| **Project Name:** | **Week Ending:** |
| --- | --- |
| **Scaffold Location / Number:**  | **Complies? Y=yes N=no N/A=not applicable** |
| Mobile Scaffold Tower |
|  | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** |
| Manufacturers erection guidelines displayed on scaffold |  |  |  |  |  |  |  |
| Guardrails in place 1m above all decks (including intermediate decks) |  |  |  |  |  |  |  |
| Mid-rails in place on all decks (including intermediate decks) |  |  |  |  |  |  |  |
| Toe-boards in place on all working decks |  |  |  |  |  |  |  |
| Platforms in place at correct height for work to be undertaken |  |  |  |  |  |  |  |
| Hinged cover in place for walk through platforms |  |  |  |  |  |  |  |
| Horizontal braces as per manufacturers guidelines |  |  |  |  |  |  |  |
| Diagonal braces as per manufacturers guidelines |  |  |  |  |  |  |  |
| Plan brace in place |  |  |  |  |  |  |  |
| Castor wheel locks all operational |  |  |  |  |  |  |  |
| Adjustable legs operational and at correct height for location |  |  |  |  |  |  |  |
| Access ladder secured in place to top rung of scaffold |  |  |  |  |  |  |  |
| Outriggers in place (if required) and foot seated on ground |  |  |  |  |  |  |  |
| Work Location |
| Is the fall risk over 4 metres? |  |  |  |  |  |  |  |
| 4m fall risk scaffold: Erected and checked by licensed scaffolder |  |  |  |  |  |  |  |
| Work to be carried out covered by SWMS signed by scaffold users |  |  |  |  |  |  |  |
| Pre commencement JSA carried out |  |  |  |  |  |  |  |
| Free of other risks that need to be controlled (Ground slope, wind loading etc) |  |  |  |  |  |  |  |
| 4 Metre fall risk |
|  | Persons using the mobile scaffold must be trained in the safe erection use and dismantling of the scaffold.This checklist must be completed daily by the person using the mobile scaffold and whenever the scaffold is altered or re-assembled in any position.Only mark Y if the relevant item is in place and in sound condition. Any item marked N must be addressed and in place prior to the scaffold tower being used. Details to be recorded in Comments and Actions. |
| **Comments and Actions:** |
| **Inspection by (Print Name):** | **Scaffold Certificate Number:** |
| **Position:** | **Company:** |
| **Signature:** | **Date:** |
| DISTRIBUTION: **Original** Kept on Mobile Scaffold, **Copy** Project Leader/Site Manager. Reference: H & S Plan, H&S Minimum Standard 05 Mobile Scaffolds |