



Scaffold Inspection Register

FOR CUSTOMER/CLIENT USE

Customer:
Site:
Location/Description: As per Quotation No:

Job No: ABC/01234
Erect Date:
Dismantle Date:

Scaffolding Ltd

Date	Time	Result G – Good Order I – Incomplete U - Unsafe	Where you have identified a risk to the health and safety of any person, please record what action you have taken	Signature of the Scaffold Inspector
00/00/2015	00.00hrs			

Approved Access