

SCAFFOLDING PLAN CHECKLIST

POC: _____ Phone: _____ Package No.: _____ Date: _____

Section 1: Requesting Organization (RO) and Erecting Organization (EO) Walkdown Summary conducted by requesting and erecting organizations including pre-job planning and hazard analysis.

1. **Scaffold Deck Height:** _____ Feet
2. **Falling Objects:** *(Toe board, netting, fall zone established)*
3. **Means of Access or Feasibility:**
4. **Length of Run:** _____
5. **Capacity:**
Maximum Intended Load (MIL) evaluated? _____ lbs.
6. **Scaffolding Rating:**
Light Duty - *(25#/ft²)* _____
Medium Duty - *(50#/ft²)* _____
Heavy Duty - *(75#/ft²)* _____ *(Heavy Duty are single bay only)*
7. **Electrical Clearances:**
With the potential to work within 20 feet of electrical lines? Yes No If Yes, Electrical Utility walk down required.
8. **Type of work to be performed from the scaffold:**

General	Yes	No	N/A	General (Cont'd)	Yes	No	N/A
Co-located work being performed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Overhead Obstructions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobile equipment working in area?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Weather may be an issue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exterior scaffold use - wind speed <25 mph?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scaffold modifications approved by qualified engineer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seismic <i>(e.g., ground vibration from equipment)</i> ?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				

Fall Protection	Yes	No	N/A
Fall Protection Work Permit (FPWP)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
100% fall arrest system used? <i>(required when complete guardrail system is not used)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guardrail(s) in place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Erecting Organization (EO) <i>(Competent Person)</i> : _____ <i>Print First and Last Name</i> <i>Signature / Date</i>	Requesting Organization (RO) <i>(Responsible for the work)</i> : _____ <i>Print First and Last Name</i> <i>Signature / Date</i>
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Section 2: Prior to installing a green tag, the RO and EO will complete the following acceptance checklist

Platform	Yes	No	N/A
Planking lapped 12" or nailed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plank no more than 1" apart?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wood planking not coated with paint or other opaque finish?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wood planking has scaffold grade stamp? If No, why?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Planking fully covers platform?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other recognized hazards:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Components	Yes	No	N/A	Integrity	Yes	No	N/A
Visible rust?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	4:1 height to base tied in at each platform?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Damaged welds or cracks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scaffold posts plumb and rigid?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bends or kinks?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Assembly per manufacturer's recommendation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Locking devices functional?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scaffolding types intermingled? <i>(Frame and Tubes)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Braces in place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Coupling pins in place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cross-bracing in place?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Guardrail in place? <i>(top, mid, toe)</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Casters operable?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Scaffolding footing adequate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Erecting Organization (EO) <i>(Competent Person)</i> : _____ <i>Print First and Last Name</i> <i>Signature / Date</i>	Requesting Organization (RO) <i>(Responsible for the work)</i> : _____ <i>Print First and Last Name</i> <i>Signature / Date</i>
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