# Scaffolding and Ladder Weekly Inspection Checklist

**Inspection Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Inspector Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Location/Worksite:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1. Structural Integrity & Stability**

☐ Are all scaffolding components tight and secured (no loose bolts, pins, or defective parts)?
☐ Is the scaffold frame properly aligned with no signs of bending or structural damage?
☐ Are scaffold planks in good condition with no cracks, warping, or missing sections?
☐ Is the ladder frame free from dents, cracks, rust, or bends?
☐ Are all rungs and steps intact, secure, and slip-resistant?

**2. Safety Features & Guardrails**

☐ Are guardrails, midrails, and toe boards properly installed and secured?
☐ Are ladder locks, braces, and extension mechanisms functioning correctly?
☐ Is the scaffold equipped with a fall protection system (harnesses, lanyards, lifelines)?
☐ Are mobile scaffolds locked in place with caster wheels secured?
☐ Are ladders and scaffolds secured against tipping or shifting?

**3. Load Capacity & Weight Limits**

☐ Are scaffolding and ladders being used within their maximum weight capacity?
☐ Are tools, materials, and workers evenly distributed on the platform?
☐ Has there been any overloading or signs of strain on the structure?

**4. Environmental & Worksite Hazards**

☐ Are scaffolding and ladders placed on stable, level ground?
☐ Are there any overhead hazards (e.g., power lines, falling debris, or adverse weather)?
☐ Is the area around the scaffold and ladder clear of debris, obstructions, and trip hazards?
☐ Are there proper warning signs and barricades around scaffolding and ladders?

**5. Compliance & Documentation**

☐ Are inspection logs updated with findings and necessary actions?
☐ Have workers received proper training on ladder and scaffolding safety?
☐ Have any repairs, modifications, or replacements been documented?
☐ Are ladders and scaffolding OSHA and ANSI compliant?

**Inspector Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Actions Required:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Follow-Up Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_