

Scaffold Safety Plan - Form 1: Scaffold Work Plan

This form must be completed before scaffolding is erected and used. Attach a copy of the completed form to the associated project's work order.

Project/Tasks Information

Project/Task Location: _____ Department: _____

Project/Task Description: _____

Project/Task Dates: _____ Work Order/Project #: _____

Scaffold Work Plan Completed by: _____

Daily Inspections Completed by: _____

Scaffold Information

Scaffold Type: ___ Frame ___ Mobile

Scaffold Capacity: ___ Light (25 lbs/sq ft) ___ Medium (50 lbs/sq ft) ___ Heavy (75 lbs/sq ft)

Scaffold Height: _____ Access: _____

Hazards and Controls

Fall Protection: ___ Guardrail System ___ Personal Fall Protection

___ Other (describe): _____

Will a *Fall Protection Work Plan* be used? ___ Yes ___ No

Falling Object Protections: ___ Toe Boards ___ Tool Lanyards

List other hazards and controls associated with the work task or location:

Supervisor/Manager Signature: _____ Date: _____