

# Scaffold Safety Plan - Form 1: Scaffold Work Plan

Job Information			
Job Name:		Job Location:	
Department Name:		Phone #:	
Supervisor/Project Manager:		Job Dates (start/end):	
Work Order:		Project Number:	
Competent Person:			
Scaffold Type:		Frame	Mobile
Scaffold Capacity	Light (25lbs sq.ft.)	Medium (50lbs sq.ft.)	Heavy (75lbs sq.ft.)
Scaffold Height:		Access:	
Fall Protection:	Guardrail System	Personal Fall Arrest	Other (Describe)
Barricades:	Yes	No	
Other Hazards/Controls:			
Competent Person Signature: _____			
Date:			

**Scan Completed Form & Attach to Work Order**