



# Scaffold Inspection Form

Date: \_\_\_\_\_ | Inspector: \_\_\_\_\_ | Doc #: \_\_\_\_\_

## Disclaimer

This inspection has been conducted in accordance with the health & safety legislation. The scaffold shall not be used unless all inspections and corrective actions are complete. Any defects or non-compliances noted here must be rectified prior to use. This form is a record; non-compliance may expose the user and employer to legal and safety risks

Project / Site Name

Address / Location

Inspection Date & Time

Client / Company

Inspection Type

- Initial / Pre-Use  
  Weekly Routine  
  After Weather Event  
 After Alteration / Modification

Scaffold Type

- Tube & Fitting  
  System Scaffold  
  Mobile Tower  
 Other \_\_\_\_\_

Erected By

Inspected By (Name / Competence Reg. if applicable)

Competent Person ID / Qualification



## Inspection Checklist

### 1. Documentation & Identification

Scaffold design documentation on site

Yes  No  N/A

Erection plan present on site

Yes  No  N/A

Question

Yes  No  N/A

Previous inspection records available

Yes  No  N/A

Scaffold tag present with current status

Yes  No  N/A

### Base & Foundation

Base plates and soleboards in place and secure

Yes  No  N/A

Ground level and stable

Yes  No  N/A

Leg supports properly seated

Yes  No  N/A

### 3. Structural Integrity

Uprights plumb and free from damage

Yes  No  N/A

Cross bracing present and secure

Yes  No  N/A

All connections tight and complete

Yes  No  N/A



## 4. Platforms & Decking

Boards installed and secured

Yes  No  N/A

No cracked or damaged planks

Yes  No  N/A

Decks level and clear of debris

Yes  No  N/A

## 5. Guardrails & Toeboards

Guardrails present at required heights

Yes  No  N/A

Toeboards installed where needed

Yes  No  N/A

Question

Yes  No  N/A

Midrails and handrails secure

Yes  No  N/A

## 6. Access & Egress

Ladders or stairways intact and secure

Yes  No  N/A

Access points free from obstruction

Yes  No  N/A

Clear signage for access

Yes  No  N/A

## 7. Load & Safety

Load-bearing capacity adequate & posted

Yes  No  N/A

No overloaded platforms

Yes  No  N/A



Fall protection provisions in place

Yes  No  N/A

## 8. Environmental Exposure

Checked after weather events (wind/rain)

Yes  No  N/A

No visible damage from conditions

Yes  No  N/A

Re-tie or secure where required

Yes  No  N/A

## 9. Worksite Conditions

Surrounding walkways clear

Yes  No  N/A

Hazard signage present

Yes  No  N/A

Public access appropriately restricted

Yes  No  N/A

## Defects / Non-Compliance Notes

List any issues found, required corrective actions, and recommended timelines for rectification.

## Sign-Off

Inspector's Signature

\_\_\_\_\_  
Date:



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## Scaffold Inspection Form

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Client / Site Supervisor Signature

Date: \_\_\_\_\_

