

**MANUALLY PROPELLED MOBILE SCAFFOLD**  
**(Rolling/Wheel Scaffold)**

Shop/Code/WC: \_\_\_\_\_ Activity: \_\_\_\_\_

Competent Person assigned to the job \_\_\_\_\_

Location of Scaffold \_\_\_\_\_

Date to be erected \_\_\_\_\_

Date disassembled \_\_\_\_\_

Was the Safety Department notified <b>before</b> scaffolding was erected? Phone No. 474-3953.	<b>Date:</b> _____
Was the Competent Person on site during erection, modification, and/or dismantling of scaffolding?	
Were daily checks conducted and log annotated by a Competent Person?	
Is scaffold properly braced by cross braces and/or diagonal braces to ensure scaffold is plumb, square, and rigid?	
Are casters properly designed for strength and dimensions to support four times the maximum intended load?	
Does all the wheels/castors have a positive locking device securely fastened to the scaffold to prevent movement?	
Does scaffolding higher than 10 ft have guardrails and mid rails on open sides and standard toeboards?	
Is there an access ladder or equivalent safe access provided?	

**NOTE:** If scaffold is used for more than one day, daily checks are required to be conducted by the Competent Person and check(s) shall be annotated on the back of this checklist. Oversight inspector's name and date shall also be annotated on the reverse side of this checklist

