****

|  |  |
| --- | --- |
|  | ATW/PTW No: |
| **Tower Scaffold Checklist** |
| **Site Name:** |  |
| **Task Description:** |  |
| **Area Location:** |  |

|  |
| --- |
| **Method Statement Checklist** |
| **Item** | **Yes** | **N/A** | **Notes** |
| 1. Maximum working height |  |  |  |
| 2. Type and specification of tower scaffold |  |  |  |
| 3. Exact training requirements specified e.g. PASMA |  |  |  |
| 4. Type of equipment to be used on scaffold |  |  |  |
| 5. Type of task activity to be undertaken from scaffold platform |  |  |  |
| 6. Method of prevention of falling objects |  |  |  |
| 7. Detailed list of PPE |  |  |  |
| 8. Method of barriering off area below tower scaffold |  |  |  |
| 9. Traffic management measures/plan |  |  |  |
| 10. Requirement for isolation of RF equipment, electrical or mechanical services |  |  |  |
| 11. Emergency response procedures |  |  |  |
| 12. Communication methods |  |  |  |
| 13. Tower scaffold delivery and storage |  |  |  |
| 14. Manual handling |  |  |  |
| 15. Bad weather parameters specified |  |  |  |

|  |
| --- |
| **Pre-Use Checklist** |
| **Scaffold Type:** |  | **Manufacturer:** |  |
| **Operator:** | Compass / Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date/Time:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Pass** | **Fail** | **Notes** |
| 1. Ground conditions are solid, stable and unlikely to change through duration of work. |  |  |  |
| 2. Tower scaffold is structurally sound, working platform is level. |  |  |  |
| 3. Castors and base plates are in place. |  |  |  |
| 4. Adjustable legs are in place and correctly adjusted. |  |  |  |
| 5. All frames and bracing is in place. |  |  |  |
| 6. All members locked in place |  |  |  |
| 7. Ladder way installed. |  |  |  |
| 8. Traps and hinged openings installed as required |  |  |  |
| 9. Work platform securely fixed |  |  |  |
| 10. Main and mid guard rails installed on all sides. |  |  |  |
| 11. Toe boards installed. |  |  |  |
| 12. Tower scaffold tied as required. |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed:(AP WAH or RP ATW) | Name: | Date: | Time: |