

# Personnel Platform Inspection Report

*per 29 CFR OSHA 1926.1431*

Inspector \_\_\_\_\_  
 Contact # \_\_\_\_\_

Date \_\_\_\_\_  
 Site Location \_\_\_\_\_

## Platform Information

Manufacturer \_\_\_\_\_  
 Model No. \_\_\_\_\_  
 Serial No. \_\_\_\_\_  
 Owner ID \_\_\_\_\_

Capacity \_\_\_\_\_  
 Weight \_\_\_\_\_  
 Description \_\_\_\_\_  
 Certification \_\_\_\_\_

Suspension System:	N/A	SAT.	UNSAT.
Fixed Lifting Point			
Master Link			
Slings			
Thimbles			
Shackles			
Hooks			
Attachment Points			

Comments

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Platform	N/A	SAT.	UNSAT.
Paint			
Structure			
Guardrails			
Midrails			
Handrails			
Fall Arrest Sys. Attach. Pt.			
Toe Board			
Lower Enclosure			

Comments

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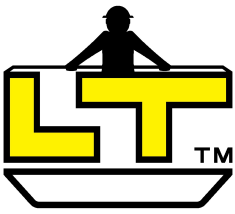
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Platform (Continued)	N/A	SAT.	UNSAT.
Flooring			
Access Gate			
Overhead Protection			
Operator Manual			
Hand Signal Chart			

Comments

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Other Comments:

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Deficiencies:

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Recommendations:

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Inspector Signature:

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