



LADDER INSPECTION FORM

Date of Inspection:

Name of Inspecting Person:

Name of Supervisor:

Ladder Number:

Date:

LADDER TYPE

- Extension
- Step
- Sectional

LADDER SIZE

LADDER MATERIAL

- Aluminum
- Fiberglass
- Wood

STEPS

- Pass
- Fail

RAILS

- Pass
- Fail

LABELS

- Pass
- Fail

PAIL SHELF

- Pass
- Fail

TOP

- Pass
- Fail

SPREADER

- Pass
- Fail

GENERAL

- Pass
- Fail

Notes:

ACTIONS TAKEN

- None
- Tagged
- Removed from use
- Reported to supervisor

Inspecting Persons Name: _____

Inspecting Persons Signature: _____

Supervisors Name: _____

Supervisors Signature: _____