

Ladder Inspection Form



Company Name: _____

Ladder Reference Number: _____

Person Inspecting: _____ Date: _____

Fiberglass **Aluminum** **Wood** **Other**

Size: _____ ft.

		Yes	No	N/A
Steps/Rungs:	Loose, Cracked, Bent, Missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rails:	Cracked, Bent, Split, Frayed, Rail Shields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labels:	Missing, Not Readable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pail Shelf:	Loose, Bent, Missing, Broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreader Bar:	Loose, Bent, Missing, Broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rung Locks:	Loose, Bent, Missing, Broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hardware:	Loose, Bent, Missing, Broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shoes:	Loose, Bent, Missing, Broken, Worn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rope/Pulley:	Loose, Bent, Missing, Broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General:	Rust, Corrosion, Loose, Dents, Abrasions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	Grease, Oil, Mud, Sticky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Action Taken:

- Ladder tagged as damaged, and removed from use
- Ladder is in good condition
- Cleaned, and/or made necessary adjustments