SCAFFOLDING INSPECTION CHECKLIST				FORMAT NO.:	
SUMFFULDING INSPEC			I INV AUTAKTI9 I	REV. NO. REV. DATE.	
DOCUMENT NO. DATE		DATE	NAME OF WORKSITE	ORDER NO & DATE	
#	DESCRIPTION			OBSERVATION	
			NOTE		
			NOTE		
INSPECTED BY			DATE.		
SAFETY INSPECTOR SIGN.			DATE.		