



LADDER INSPECTION FORM

Customer _____

LOCATION _____ CONTACT _____

TYPE OF LADDER _____ DATE OF PURCHASE ___/___/___ SIZE _____

- STEP _____
- STRAIGHT _____
- EXTENSION _____
- FIXED _____

ITEM	Damaged	Okay	N/A
RAILS: Check for bends, splits, cracks, or other defects.	___	___	___
STEPSRUNGS: " "	___	___	___
TOP: " "	___	___	___
STEP/RUNG BRACES: " "	___	___	___
LOCKS: Check locks and spreaders for functionality.	___	___	___
GUIDES: Check guides for functionality	___	___	___
HARDWARE ITEMS: Check top irons, hinges, etc. for functionality.	___	___	___
METAL COMPONENTS: Check for excessive rust and corrosion.	___	___	___
RIVETS: Check integrity of all heads and crimps.	___	___	___
NUTS/BOLTS: Check to insure nuts are intact and are not stripped.	___	___	___
CRIMPS/SWAGES: Check for looseness, cracking, or other problem conditions.	___	___	___
WELDS: Check welds for cracks and/or damage.	___	___	___
SAFETY SHOES: Check shoes are attached and in good condition.	___	___	___
ROPE/PULLEY: Check for damaged rope and/or pulley.	___	___	___
LADDER LEVELS: Check condition for proper operation.	___	___	___
HOOKS/GRIPS/LASHES: Check condition for proper operation.	___	___	___

DISPOSITION: Remove from Service and Destroy _____
 Remove from Service and Repair _____
 Okay to Use _____

COMMENTS:

Inspector: _____ Date ___/___/___

Shop: www.1SafetySource.com
 800 844 6652 - 1SafetySource Customer Service
 800 844 7650 - 1SafetySource FAX & FaxQuote Line
custservice@1safetysource.com - email

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