




## Step Ladder Inspection Form

Manufacturer:		Asset #:	
Model:		Company:	Quality Electric
Material:		Name of Inspector:	
Size:		Signature:	
Description:		Date of Inspection:	
Date of Manufacture:		In Service Date:	

 <p>Circle Areas of Damage</p>	<b>Steps:</b>	Loose, Cracked, Bent or Missing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	<b>Rails:</b>	Cracked, Bent, Split or Frayed Rail Shields	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Labels:</b>	Missing or Not Readable	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Pail Shelf:</b>	Loose, Bent, Missing or Broken	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Top:</b>	Cracked, Loose or Missing	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Spreader:</b>	Loose, Bent or Broken	<input type="checkbox"/>	<input type="checkbox"/>
	<b>General:</b>	Rust, Corrosion or Loose	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Other:</b>	Bracing, Shoes, Rivets	<input type="checkbox"/>	<input type="checkbox"/>
<b>Actions:</b>		<input type="checkbox"/> Ladder tagged as damaged & removed from use <input type="checkbox"/> Ladder is in good condition		

### Notes:

Month	Inspector	Date of Inspection	Pass or Fail
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Notes:			