

Inspection Date		Jobsite Name		Swing Stage Failings / Notes	
Inspection Time		Jobsite Location			
✓	X				
<b>GENERAL</b>					
Is There any Obvious Damage?					
Is Equipment Overloaded?					
Has the Equipment Been Repaired?					
Is a Communication Method Available?					
Labels Present & Clear					
<b>RIGGING EQUIPMENT</b>					
Structure can Support Load					
Equipment Properly Assembled & Installed					
Temporary Rigging Tied Back					
Davits / Sockets Secure					
Outrigger Counterweights Match Load Rated Capacity					
Anchorage Supports Suitable					
Condition of Welds					
Components Undamaged					
Mounting Holes Undamaged					
Rust Free					
<b>SUSPENDED PLATFORM</b>					
Correctly Assembled					
Platform Straps Align With Rigging Equipment					
Load Within Capacity					
Condition of Welds					
No Damaged Components					
Mounting Holes Undamaged					
Hardware in Good Condition					
Stirrup Sheaves & Bearing					
Inlet Wire Rope Guides					
Rope Reeved Through Sheaves					
Deck Free From Debris					
Platform Free From Corrosion					
Min 10ft From Power Lines					
Weather Acceptable					
<b>HOISTS/WIRE ROPE/POWER</b>					
Correct Hoists in Place					
Operating Instructions Available					
Daily Tests Performed					
Hoists in Working Order					
Cable/Connections Safe & Secure					
Power Supply Adequate					
Wire Rope in Good Condition					
Length of Rope Appropriate					
Wire Rope Properly Attached					
Fittings Checked Under Load					
Strain Reliefs Present & Connected					
Emergency Stop/Secondary Brake					
Operators Trained					
Controlled Descent Tested					
<b>FALL PROTECTION SYSTEM</b>					
Vertical Lifelines Installed					
Vertical Lifelines Tested to 5000 lbs					
Rope Grabs Correctly Fitted/Checked					
Full Body Harnesses					
Shock Absorbing Lanyards Inspected					
Rescue Plan in Place					
Fall Arrest for Unguarded Areas					

Swing Stage  
O.K. Unsafe

☐ ☐

4 As necessary

## SWING STAGE SAFETY CHECKLIST

Mark ' ✓ ' in Inspection Boxes if OK

Mark ' X ' in every box requiring attention

Mark ' N/A ' in every box not applicable

Signature of Inspecting Person

Name of Inspecting Person