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| --- | --- | --- | --- | --- | --- |
| Portable Ladder Periodic Inspection | | | | | |
| Agency: | | | | | Location: |
| Date: | | | | | Name of Inspector: |
| Length of ladder: ft. | | | | | Material: \_\_\_ Wood \_\_\_ Fiberglass \_\_\_ Aluminum |
| Type of ladder: \_\_\_ Straight \_\_\_ A-Frame \_\_\_ Extension \_\_\_ Combination \_\_\_ Other | | | | | |
| # | N/A | Needs work | OK | Condition Surveyed | |
| 1 |  |  |  | Side rails are in good condition; not damaged, splintered, or severely faded | |
| 2 |  |  |  | Safety labels are legible. Weight limit / rating label is legible | |
| 3 |  |  |  | Ladder is in generally good condition. | |
| 4 |  |  |  | General cleanliness is acceptable; | |
| **Straight and extension ladders** | | | | | |
| 5 |  |  |  | Feet swivel freely and bottom surfaces are in good condition. | |
| 6 |  |  |  | Tip protectors are in place and in good condition. | |
| 7 |  |  |  | Dogs move freely and lock onto rung easily. | |
| 8 |  |  |  | Lanyard rope is in good condition and pulley rotates freely. | |
| 9 |  |  |  | Rungs are round, non-slip, firmly secured in the side rails, and not damaged. | |
| 10 |  |  |  | Rungs are clean of grease/oil and significant accumulation of dirt/debris. | |
| **A-Frame Ladders** | | | | | |
| 11 |  |  |  | Spreader bar is secure in the side rails and locks firmly. | |
| 12 |  |  |  | Feet are even and level on floor. | |
| 13 |  |  |  | Steps are flat, clean, and secure in the side rails. Step braces are secure. | |
| 14 |  |  |  | Paint/tool shelf in good condition. | |
| 15 |  |  |  | Rivets and connections are secure. Ladder is stable against side movement. | |
| **Combination Ladders** | | | | | |
| 16 |  |  |  | Feet are in good condition. | |
| 17 |  |  |  | Rungs are in good condition. | |
| 18 |  |  |  | Hinges move freely and lock securely in place. | |
| Findings 🞏 PASS/SATISFACTORY 🞏 FAIL/CORRECTIVE ACTION NEEDED – TAKEN OUT OF SERVICE | | | | | |
| **Item #** | | **Condition / Action needed** | | | |
|  | |  | | | |
|  | |  | | | |
| Repairs must be made by a qualified person.  Returned to service (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials of qualified person \_\_\_\_\_\_\_\_ | | | | | |