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Stepladder Safety Inspection

Inspection Details

Report #: _____

Location: _____

Inspection Date: _____

Inspector Name: _____

Vehicle Details

Vehicle # : _____

Vehicle Category : _____

Vehicle Name : _____

VIN #: _____

Meter Reading: _____

Model/Year: _____

Stepladder Safety Inspection

SN	Inspection Item	Note	Yes	No	NA
1	General: Rust, corrosion or loose		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Labels: Missing or not readable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Ladder is in good condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Ladder Reference Number size and type		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Ladder tagged as damaged and removed from use		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Other: Bracing, shoes or rivets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Pail Shelf: Loose, bent, missing or broken		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Rails: Cracked, bent, split or frayed rail shields		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Spreader: Loose, bent or broken		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Steps: Loose, cracked, bent or missing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Top: Cracked, loose or missing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Write Comments or Remarks here		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall Condition: _____
Vehicle Safe to Use: _____
Maintenance Priority: _____
Deployed: _____

Signature



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