



UCSB Ladder Inspection Form

Inspected By: <small>(print name)</small>	Signature:
Date Inspected:	Department:

STEP LADDER

TYPE: <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood	SIZE:	Ft.																													
<p style="text-align: center;"><i>Circle Areas of Damage</i></p> 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"></td> <td style="width: 15%; text-align: center;">YES</td> <td style="width: 15%; text-align: center;">NO</td> </tr> <tr> <td>Steps: <i>Loose, Cracked, Bent or Missing</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Rails: <i>Cracked, Bent, Split or Frayed Rail Shields</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Labels: <i>Missing or Not Readable</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Pail Shelf: <i>Loose, Bent, Missing or Broken</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Top: <i>Cracked, Loose or Missing</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Spreader: <i>Loose, Bent or Broken</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>General: <i>Rust, Corrosion or Loose</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other: <i>Bracing, Shoes, Rivets</i></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		YES	NO	Steps: <i>Loose, Cracked, Bent or Missing</i>	<input type="checkbox"/>	<input type="checkbox"/>	Rails: <i>Cracked, Bent, Split or Frayed Rail Shields</i>	<input type="checkbox"/>	<input type="checkbox"/>	Labels: <i>Missing or Not Readable</i>	<input type="checkbox"/>	<input type="checkbox"/>	Pail Shelf: <i>Loose, Bent, Missing or Broken</i>	<input type="checkbox"/>	<input type="checkbox"/>	Top: <i>Cracked, Loose or Missing</i>	<input type="checkbox"/>	<input type="checkbox"/>	Spreader: <i>Loose, Bent or Broken</i>	<input type="checkbox"/>	<input type="checkbox"/>	General: <i>Rust, Corrosion or Loose</i>	<input type="checkbox"/>	<input type="checkbox"/>	Other: <i>Bracing, Shoes, Rivets</i>	<input type="checkbox"/>	<input type="checkbox"/>			
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EXTENSION LADDER

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