

Suspended Platforms Job Survey Sheet

Date: _____ By: _____

Basic Information

Customer Name: _____ Tel: _____

Address: _____

Job Name: _____ Job Contact: _____

Job Address: _____ Tel: _____

Is user training required? Yes No

Is job site inspection needed? Yes No Length of Rental: _____

Delivery required (date & time requirements): _____

Description of work to be performed: _____

Number of fall arrest equipment: _____ Lifeline length: _____ Building height: _____ Wire rope length: _____

Power cord length: _____ Power cord adapter: _____ Total weight of platform (live and dead load): _____

Type of Suspended Equipment	Number	Size		Number	Size
Fixed Length Platform			Modular Platform		
Work Cage			Bosun Chair		
Work Cage w/ Extension			Hoist (describe)		
Other					

Type of Roof Support Equipment

Outrigger Beam Parapet Clamp
 (Overall length & overhang requirements) (Size)

Outrigger Support Cornice Hook
 (Describe) (Size)

Counterweights [50 lb (22.7 kg) each] Davits
 (Number required) (Size)

Rolling Roof Dolly Is truss required? Movable Sockets
(Number required)

Parapet Wall Height Is it load bearing? Other
(Explain)

Other Information Required

Roof Conditions: _____

Describe Roof Access: _____

Building has useable rigging Yes No Location of tieback: _____

Erection required Yes No Location of first drop: _____

Relocate rigging required Yes No Special equipment required: _____

Pickup required (date & time) Yes No Special arrangements: _____

Hazards	Yes	No
Electrical lines		
Trees		
Broken Glass		
Other (describe)		