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 (Overall length & overhang requirements)

Parapet Clamp (Size)

Outrigger Support (Describe)

Cornice Hook (Size)

Counterweights [50 lbs. (22.7 kg) each] (Number required)

Davits (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)		