

ISAFEWORK NSW

SCAFFOLD HANDOVER CERTIFICATE

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This example handover or inspection certificate may a	ilso be used for n	ninor scaffolds.						
CLIENT								
Client name and ABN	Address							
Contact phone Email								
PROJECT DETAILS								
Project/reference number	Duty loading							
Site address	Maximum number of platforms that can be loaded or worked from							
Description and location of area handed over	Size of the scaffold							
	3 m Bays	2.4 m Bays	1.8 m Bays					
	1.3 m Bays	0.8 m Bays	Access					
Drawings attached Yes No	Additional details							
Intended use of scaffold								
HANDOVER INSPECTION OF SCAFFOLD								
The scaffold detailed above has been erected in accord and the <i>General guide for scaffolds and scaffolding wor</i> suitable for its intended purpose.								
Name	High risk work l	icence number	Time					
Signature	Date (DD/MM/YYYY)							

ACCEPTANCE - ON BEHALF OF THE CLIENT

Name Signature Date (DD/MM/YYYY)

SCAFFOLD SUPPLIER/ERECTOR

Certificate number Address

Company name and ABN

Contact phone

Email

Arrange for scaffold to be inspected at intervals not exceeding 30 days or immediately following an incident which may affect the adequacy of the scaffold. The design registration number for prefabricated scaffolding must be kept readily accessible at all times, for example near the scaffold.

A person with management or control of a suspended, cantilevered, spur, hung or other scaffold from which a person or thing could fall more than 4 metres must receive written confirmation from a competent person that the scaffold has been inspected, completed and is safe for use.

FURTHER INFORMATION

Refer to AS4576-1995 for more information Call 13 10 50 or see www.safework.nsw.gov.au