## Thorough Examination/ Inspection record

	Excavation inspection record		Scaffold/ hoist inspection record
	Start of shift (before work starts)		Before first use after assembly/ installation
	After event likely to have affected its strength or stability		After substantial alteration/ extension/ repair (hoist)
	Accidental fall of material, or material dislodged		Weekly (scaffold)/ 6 monthly (hoist)
1.	Name & address of relevant contractor for whom inspection was carried out	2.	Construction site address
3. Location and description of the work equipment, or excavation inspected			
4.	Date & time of inspection		
5.	Details of any risks identified		
6.	Can the relevant construction work be continued safely?	7.	If "No", name of person informed (from relevant contractor)
	Yes / No		,
8.	Details of any action taken as a result of matte	rs identi	fied in 5 above
9.	Signature & name of person reporting	10.	Address & position of person reporting