



Suspended Platforms Job Survey Sheet

Date: _____

By: _____

Customer Name: _____ Tel: _____

Address: _____

Job Name: _____ Job Contact: _____

Job Address: _____ Tel: _____

Is User Training Required? Yes No

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

Outrigger Beam: _____ (overall length & overhang Requirements) Parapet Clamp: _____ (Size)

Outrigger Support: _____ (describe) Cornice Hook: _____ (Size)

Counterweights (50 lbs. ea.): _____ (Number Required) Davits: _____ (Size)

Rolling Roof Dolly _____ Is Truss Required? _____ Movable Sockets _____ (Number Required)

Other Information Required

Roof Conditions _____ Describe Roof Access _____

	Yes	No	
Building has usable rigging.....	_____	_____	_____
Erection Required	_____	_____	Location of Tieback _____
Relocate Rigging Required	_____	_____	Location of First Drop _____
Pickup Required (Date & Time) _____			

Hazards	Yes	No
Electrical Lines	_____	_____
Trees	_____	_____
Broken Glass	_____	_____
Other (Describe)	_____	_____

