**LADDER SAFETY INSPECTION CHECKLIST**

**GENERAL INFORMATION**

**Name: _____**

**Date: _____**

**Location: _____**

**Rails and Rungs**

**☐ Yes ☐ No — Rungs are secure and free from grease or oil**

**☐ Yes ☐ No — Side rails are straight and free of cracks or bends**

**☐ Yes ☐ No — Hardware and fasteners are tight and undamaged**

**☐ Yes ☐ No — Steps are clean and provide adequate slip resistance**

**Feet and Stability**

**☐ Yes ☐ No — Safety feet are present and in good condition**

**☐ Yes ☐ No — Non-slip pads are intact and functional**

**☐ Yes ☐ No — Base is stable and free of excessive wear**

**☐ Yes ☐ No — Leveling devices operate smoothly and lock securely**

**Extension and Locking**

**☐ Yes ☐ No — Rung locks and pulleys function correctly**

**☐ Yes ☐ No — Rope is in good condition without fraying**

☐ Yes ☐ No — Spreaders and locking bars engage fully

☐ Yes ☐ No — Extension sections slide freely and lock properly

**Labels and Markings**

☐ Yes ☐ No — Duty rating and safety labels are legible

☐ Yes ☐ No — Warning decals are present and clearly visible

☐ Yes ☐ No — Manufacturer information is identifiable

☐ Yes ☐ No — Angle of inclination indicators are functional

**FINAL NOTES**

**Inspector Comments:**

_____

_____

_____

_____

**Inspector Name:** _____

**Inspector Email:** _____

**Inspection Date:** _____

☐ **I confirm this inspection was completed accurately**