

Working at Height Regulations 12 (7)

These regulations requires that a Mobile Access Tower be inspected and approved by a competent person and within 24 hours a report thereof be provided to the person on whose behalf the inspection was carried out.

It is also required that a tag system be attached to the tower recording that an inspection has taken place and that there is a inspection checklist in existence.

The Timing of Inspections

This checklist refers to one off the following timings (please tick as appropriate)

1. When the tower has been built and taken into use for the first time	<input type="checkbox"/>
2. After any substantial addition, dismantling or other alteration	<input type="checkbox"/>
3. After any event likely to have affected it strength or stability	<input type="checkbox"/>
4. At regular intervals NOT exceeding 7 days	<input type="checkbox"/>

Inspector Details

Name		PASMA No.	
Date of the inspection		Time	

Person to Whom This Inspection was Carried Out For

Name		Organisation	
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Tower Description

Double/single width	Height	Mobile	<input type="checkbox"/>
		Static	<input type="checkbox"/>
Tower Manufacturer	Type	Aluminium	<input type="checkbox"/>
		GRP	<input type="checkbox"/>
Location of tower at time of inspection			

The Following Items to be Checked

1. Do you have a copy of the manufacturers instruction manual (MIM) to enable you check the tower?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does a risk assessment for the tower exist?	<input type="checkbox"/>	<input type="checkbox"/>
3. Check that the environment has no detrimental affect on the safe use of the tower.	<input type="checkbox"/>	<input type="checkbox"/>
4. Are the castors or base plates fully in contact with the ground and bearing their share of the weight of the tower and that all 4 brakes are applied?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are the adjustable legs only being used to level the tower and not for gaining height?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is a tower level in all planes?	<input type="checkbox"/>	<input type="checkbox"/>

7. Is the tower built on firm and stable ground?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are stabilisers fitted and are they the correct size for the height of the tower?	<input type="checkbox"/>	<input type="checkbox"/>
9. Check that the feet are fully in contact with the ground, and wing nuts are tight.	<input type="checkbox"/>	<input type="checkbox"/>
10. Check that the foot of the stabilisers are positioned to form a square.	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the bracing pattern used, in accordance with the manufacturer's instructions?	<input type="checkbox"/>	<input type="checkbox"/>
12. Check that all the hooks on the braces are fully engaged.	<input type="checkbox"/>	<input type="checkbox"/>
13. Check that all the handrails and mid guardrails are fitted in the correct positions.	<input type="checkbox"/>	<input type="checkbox"/>
14. Check that the interlocking device, locking frames together are engaged.	<input type="checkbox"/>	<input type="checkbox"/>
15. Check that all platforms are in the correct position on the tower.	<input type="checkbox"/>	<input type="checkbox"/>
16. Check that the trap door opens to the outboard side of the tower.	<input type="checkbox"/>	<input type="checkbox"/>
17. Check that, if the tower is single width that all platforms have trap doors.	<input type="checkbox"/>	<input type="checkbox"/>
18. If wind locks are fitted to platform, check they are engaged.	<input type="checkbox"/>	<input type="checkbox"/>
19. Are toe boards fitted to the working platform, or any platform with gear stowed?	<input type="checkbox"/>	<input type="checkbox"/>
20. If the tower has been tied in check that the method is adequate and at the correct intervals in accordance with the MIM.	<input type="checkbox"/>	<input type="checkbox"/>

Inspection Completed - Inspection Sign Off

I have inspected the tower, which is identified with the reference no. _____, and has attached/updated the tower tag which bears the same reference no.

Signature of inspector

Name in block capitals

Date

Signature of the person on whose behalf this inspection was carried out as proof of receipt

Name in block capitals

Date