



Inspection checklist

for customised solutions

(e.g. stationary and mobile staircase access solutions, working platforms, etc.)
as per the employers' liability insurance association provisions

In accordance with the provisions of the German Ordinance on Industrial Health and Safety (BetrSichV) Section 14 (Inspecting work equipment) and the German Workplace Ordinance Section 4 (Workplace maintenance), the employer must ensure that the work equipment and workspaces provided are regularly inspected. The purpose of this inspection is to be certain of the lawful condition and safe function of the aforementioned. The interval between inspections depends on the operating conditions (frequency of use, load during use, incidence and severity of faults identified in previous inspections).

– The inspection should be performed at least once per year
and only ever by a suitably **qualified person** –

Inventory no.:

Department/site:

Manufacturer/dealer:

Date of manufacture:

Item no./CS no.:

Designation:

Name/department of inspector:

Construction type:

- | | | |
|---|--|---|
| <input type="checkbox"/> Stairs | <input type="checkbox"/> Stairs, mobile | <input type="checkbox"/> Stairs with platform |
| <input type="checkbox"/> Working platform | <input type="checkbox"/> Roof working platform | <input type="checkbox"/> Crossover |
| <input type="checkbox"/> Other _____ | | |

Please attach the approved drawing to the inspection checklist.

Capacity:

Platform load (max.) _____ kg Step load (max.) _____ kg

Material:

- | | | | |
|------------------------------------|--------------------------------|--|--------------------------------|
| <input type="checkbox"/> Aluminium | <input type="checkbox"/> Steel | <input type="checkbox"/> Stainless steel | <input type="checkbox"/> Other |
|------------------------------------|--------------------------------|--|--------------------------------|

Access:

- | | | | |
|--|---------------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Mobile ladder | <input type="checkbox"/> Fixed ladder | <input type="checkbox"/> Stairs | <input type="checkbox"/> Other |
|--|---------------------------------------|---------------------------------|--------------------------------|

Design:

- | | | |
|---------------------------------|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Mobile | <input type="checkbox"/> Stationary | <input type="checkbox"/> Other |
|---------------------------------|-------------------------------------|--------------------------------|

Notes (e.g. modifications, repairs):

Inspection criteria

1st inspection 2nd inspection 3rd inspection 4th inspection 5th inspection

Check the **entire construction** (against parts list and drawing) is:

Not missing any components	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
In no way modified	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK

For customised solutions with electronic components, such components must be inspected separately in accordance with German employer's liability insurance association's regulations (3). (The inspection report is to be attached to this inspection checklist.)

☐ Inspection of electronic components completed
Check the **moving crossbars and castors** (if included) are:

Securely attached	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
In full working order	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Not heavily worn	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Free of damage/deformation	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK

Check the **support sections** are/the **substructure** is:

Free from deformations, bends, cracks	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Securely attached at the braces	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Free from corrosion	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK

Check the **wall and/or floor fixing** and **other fixing elements** (if included) are:

Complete	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Securely attached at the fixing elements	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Free from corrosion	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK

Check the **access, including handrails** (if applicable), is:

Fitted with securely connected parts (steps/rungs, rails, etc.)	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Safe to step on (profiling)	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Undamaged (no bends/cracks)	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Free from corrosion	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Securely attached at the handrails	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK

Check the **platform/tread** is:

Undamaged (no bends/cracks)	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Safe to step on (profiling) – platform only	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Fitted with a foot rail	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Free from corrosion	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK

Check the **handrails/platform railings** have:

Securely connected parts	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Securely attached and fully functioning plug-in elements	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK

Check **other elements** (if included) are:

Height-adjustment: intact, in full working order incl. fixings	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Moving attachments: intact, in full working order	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Other _____: intact, in full working order	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Other _____: intact, in full working order	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK

Check the **entire construction** is:

Free of heavy soiling	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Free of sharp edges, splinters, burrs	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Not missing any fastenings (screws, rivets, etc.) and these are all fastened securely	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Stable (test climb)	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Fitted with safety signs	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK
Fitted with complete and legible safety signs	OK	not OK	OK	not OK	OK	not OK	OK	not OK	OK	not OK

Inspection result

Construction OK						
Construction restricted – repair required						
Construction restricted – scrap						

Inspection completed

Date						
Signature						

Next inspection due

Date (write month/year on inspection sticker)						
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Comments: