



CONSTRUCTION SAFETY COMPLIANCE
Corner/Angle Scaffold Inspection Request Form

Submit typewritten form to cscuappointments@buildings.nyc.gov

(A SEPARATE FORM MUST BE SUBMITTED FOR EACH JOB)

1 REQUESTOR (required)

Name _____

Business Phone _____ Cell Phone _____

Email _____

2 JOB INFORMATION (required)

Date of Submission _____ Job No. _____

Site Address _____ Notification No. _____

P.E./R.A./Rigger Name _____ P.E./R.A./Rigger Lic. No. _____

2A: RIGGER/RIGGING INFORMATION

Will Rigger and/or Rigger Foreman be on-site during the inspection? YES NO

Are approved rigging drawings on-site? YES NO

If yes, provide **Application No.** **Approval Date**

2B: INSTALLATION

Was the pre-installation inspection performed, passed and the report on-site? YES NO

Was the installation inspection performed, passed and report on-site? YES NO

2C: ANCHORS

Were anchors used in the building? (If N/A, skip this section) YES NO

Is the signed and sealed pull test report on-site? YES NO

2D: SITE SAFETY REQUIREMENTS

Is this a site safety job? (If NO, skip the next question) YES NO

Is the SSP on-site and does it indicate the suspended scaffold location? YES NO

Are standard site safety requirements being followed? YES NO

NOTE: If the inspection request form is not complete, or if Section 2A or 2B are answered NO, the inspection will not be performed until the licensee is prepared for the inspection.

3 SIGNATURE (required)

P.E./R.A./Rigger Signature _____ Date _____