

Monthly Ladder Inspection Form

Ports Petroleum Company Inc.

Facility:			Inspection Date:			
Inspected by (print name):			Signature:			
Instructions: Indicate "o.k." if there are no issues under each appropriate column. If there are issues identified indicate what the issues are under the appropriate column. If a column does not apply indicate "N/A". Under the remarks column indicate "none" if there are no issues identified. If there are issues identified then indicate what corrective measures were taken in the remarks column.						
Unit Number	Condition of Side Rails, Rungs & Steps (cracks, dents, bends, corrosion, splinters)	Proper Hardware (nuts, bolts, feet, spreaders, braces, rope, extension locks)	Condition of Anti-Slip Safety Shoes / Feet	Condition of Placards (manufacture safety stickers)	<u>Fixed ladders only</u> - (safey door, lock, safety swing gate, fall protection cage, no unauthorized access sign)	Remarks (Repairs needed, tagged out of service, no issues)