

**EZ SCAFFOLD HDCU SCAFFOLD PLAN** JOB SITE NAME\_\_\_\_\_

**All work will be done by personnel trained by a competent person in accordance with the EZ Scaffold Safety and Installation Manual, OSHA 1926, EM 385 where applicable and local codes.**

Contractor_____	Start date:_____Duration wks_____
Contact _____	Site Contact:_____
Address _____	Site Phone_____
_____	Site address _____
Phone _____	_____
Email _____	Email:_____

Equipment required: Planking (decking) shall follow the guideline set forth in OSHA regulations (29 CFR part 1926).

Heavy Duty Base Sets\_\_\_\_\_ Center Bridges\_\_\_\_\_ Spanned Bridges\_\_\_\_\_

Crane and size and who is responsible to supply\_\_\_\_\_ Crane Bar Required\_\_\_\_\_

Site Crane availability\_\_\_\_\_

Forklift size and reach and who is responsible to supply\_\_\_\_\_

Primary use:_____	Structure detail:_____
Max Platform Height_____	Steel____ Concrete____ Other_____
Max Platform Length_____	Post Tension ____ Planking____ Installation____
Estimated tie length:_____	Floor height_____ # floors_____
Anchor type: _____	
Access: _____	Access Platforms_____ Rest Platforms_____

Ground Conditions:

Sand Shoes required:\_\_\_\_\_ Cribbing required:\_\_\_\_\_

Shoring required and # units required\_\_\_\_\_

Special conditions (obstructions, landscaping, electrical lines or other that may affect base positioning)

\_\_\_\_\_

\_\_\_\_\_

Forward reach: Trusses	Inline bracket
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Pilaster brackets\_\_\_\_\_ Inside corner brackets\_\_\_\_\_

Labor corner brackets\_\_\_\_\_ Corner return brackets\_\_\_\_\_

Overhead protection required: \_\_\_\_\_

Falling object protection (toe boards etc): \_\_\_\_\_

Capacity required and material loading procedure:

Inspection and tag procedure/location:

Dismantle procedure:

### Elevation Tie Points:



NOTES: