

To:
Instant Kurs AS
E-mail.:
info@instantkurs.no

Date: ___/___-20___

Confirmation of employment

The undersigned hereby certifies that _____ born
_____ have been employed
with us for at least 6 months and that our company uses scaffold in our production.

Information about the person signing the confirmation:

Name: _____

Company: _____

Position: _____

Phone number: _____

E-mail.: _____

Signature: _____

A copy of the undersigned's certificate of competence must be attached to this document upon submission.

Checklist: scaffold builder's practice

Assignments	Completed
Review user manual for scaffolding that are going to be used	
Review the company's own procedures and any procedures on the site where the scaffolding is to be built	
Create Safe Job Analysis (sample form attached) and do risk assessment for the jobs to be done	
Ensure self-protection. Review of fall harness and how to attach this to the scaffolding. Use two fasteners so that one is always fixed	
Review any other intrinsic safety equipment	
Inspect equipment for damage and defects before use	
Use the tube and coupler	
Erecting facade scaffolding	
Erecting free standing scaffolding and mobile scaffolding	
Erecting modular scaffold	
Erecting platform transition between modular and facade scaffolding	
Erecting scaffolding at multiple heights	
Erecting scaffolding in different layouts, around corners, with height difference.	
Installation of scaffolding tarpaulin or netting. Use of additional anchorage	
Review procedures when scaffolding is erected next to public roads	
Practising methods of raising, lowering and hoisting scaffolding equipment	
Checking and documenting the assembled scaffold	
Changes to already assembled scaffolds	
Dismantle facade scaffolds	
Dismantling freestanding scaffolds and mobile scaffolds	
Dismantling modular scaffolds	
Prepare the necessary documentation for the scaffolding (see the attachment for example of an inspection form)	
Exercise on scaffold signage	
Inspect equipment after use	




















The checklist must be used daily in connection with the implementation of practice. Submission of the practice documentation confirms that all points have been covered. It is not necessary to submit the checklist.

SJA – Safe job analysis

Project: (no. and name)	SJA manager: (name, signature)	Date:
Brief description of the activity:	Responsible for the activity: (Company)	

The SJA is carried out because: (tick one or more boxes)

- | | |
|---|--|
| <input type="checkbox"/> The work involves deviations from descriptions in procedures and plans | <input type="checkbox"/> Equipment with which the employees have no experience must be used |
| <input type="checkbox"/> The activity is new and unknown | <input type="checkbox"/> The conditions have changed (e.g. weather conditions, available time, sequence of tasks, other activities are carried out nearby) |
| <input type="checkbox"/> | <input type="checkbox"/> Accidents/unwanted incidents have occurred in the past during similar activities |

 What tasks are we concerned about?	 Hazards - what can go wrong?	Do we have control over the hazards? (tick) Yes Partly Little	 Measures How should the hazards be controlled?	 Responsible person
		  		
		  		
		  		
		  		
		  		

Learning points: (To be filled in by the SJA manager after the job is done: What can be done differently/better next time? What positive experiences are important to take into consideration?)

Possible hazards						
1	Collision/impact	6	Falling object	11	High pressure, splash hazard	
2	Construction failures	7	Falling	12	Noise, vibration	
3	Fire, explosion	8	Heavy lifting/heavy materials	13	Radiation	
4	Moving objects/crushing hazard	9	High/low temperature surfaces	14	Dust, fumes, gases, toxic substances	
5	Sharp object (cut, stabbing)	10	Risk of electric shock	15	Inadequate lighting	
16					16	Weather conditions (wind, cold, fog)
17					17	Natural events (floods, landslides)
18					18	Working in tanks/oxygen deficiency
19					19	Risk of drowning
20					20	Other, please specify:

COMPANY:

SCAFFOLD CONTROL FORM

Ref.NR:

LOCATION:	TYPE:	DIMENSION: Length/width/height	No: Checkpoints	§§ AML's best. nr. 702 § 2, § 6 703 § 17	Missing Date Description
	Tower <input type="checkbox"/>		1 Scaffolding Signage	§ 17-11 <input type="checkbox"/>	
	Facade <input type="checkbox"/>		2 Load-bearing structure.....	§ 17-7 <input type="checkbox"/>	
	Mobile <input type="checkbox"/>		3 Access.....	§ 17-12 <input type="checkbox"/>	
	Other <input type="checkbox"/>		4 Scaffold floor.....	§ 17-14 <input type="checkbox"/>	
SCAFFOLD BUILDER:			5 Handrails.....	§ 2-22 <input type="checkbox"/>	
			Handrail.....	§ 2-22 <input type="checkbox"/>	
			Knee rail.....	§ 2-22 <input type="checkbox"/>	
			Footrail.....	§ 2-22 <input type="checkbox"/>	
			Shielding.....	§ 6-25 <input type="checkbox"/>	
SCAFFOLD USER: The user of the scaffolding is responsible for ensuring that the scaffolding is in proper condition at all times and that it is not overloaded. Company: Telephone: Contact.....			6 Tarpaulin / Covering.....	§ 17-20 <input type="checkbox"/>	
			7 Foundation.....	§ 17-8 <input type="checkbox"/>	
			8 Bracing.....	§ 17-15 <input type="checkbox"/>	
			9 Anchoring.....	§ 17-18 <input type="checkbox"/>	
			10 Anchoring point.....	§ 17-18 <input type="checkbox"/>	
Inspection by scaffold builder when installing: Date/Name:			Number of wall brackets: <input type="text"/>	The mount withstands: <input type="text"/>	kg
Controlled scaffolding user upon takeover: Date/Name:			Number of tensile tests: <input type="text"/>	Traction test, 20% overload: <input type="text"/>	kg

Check date performed:														
Remedied deficiency date:														
Signature:														