

## Scaffold Supplier/Erector

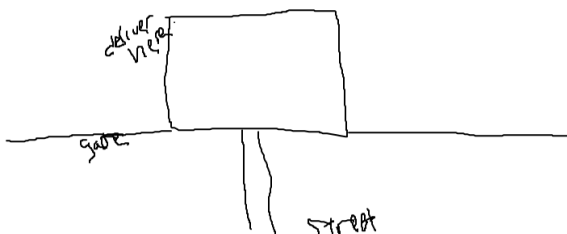
<b>Certificate Number</b> 1721	<b>Fax</b> 571-867-5310	<b>M Phone</b> 703-555-5309
<b>Company Name</b> American Scaffolding Company	<b>Client</b> <b>Client Name</b> Buzz McLean	<b>Email</b> buzzm@gmail.com
<b>Address</b> 123 Oak Street Falls Church, VA 22042	<b>Address</b> 800 North Harrison Street Arlington, VA 22205	<b>Fax</b> 703-555-5310
<b>M Phone</b> 571-867-5309	<b>Project/Site Address</b> 800 North Harrison Street Arlington, VA 22205	
<b>Email</b> americanscaffolding@gmail.com		

## Project/Site Details

<b>Project reference number</b> 5878	<b>Number of working decks</b> 3	<b>1.3m Bays</b> 2
<b>Description of area handover</b> Private Home	<b>Top working platform height</b> 40 feet	<b>0.8m Bays</b> 1
<b>Drawings attached</b> No	<b>3m Bays</b> 3	<b>Access Bays</b> 3
<b>Intended use of scaffold</b> Install Siding	<b>2.4 m Bays</b> 3	<b>Plant Design Registration Number</b> 1388
<b>Duty Classification</b> B	<b>1.8 m Bays</b> 2	<b>Additional Details</b> Please deliver to side yard

## Drawing

Drawing



## Handover of Scaffold

The scaffold detailed above has been erected in accordance with the attached drawings and the model WHS Regulations and model Code of Practice: Managing Risk for Scaffolds; be informed by relevant technical standards; and is suitable for its intended purpose.

**Name**

American Scaffold - Peter

**High Risk Work Licence Number**

317231

**Date**

15/11/2019

**Time**

23:10

Arrange for scaffold to be inspected at intervals not exceeding 30 days or immediately following and incident which may affect the adequacy of the scaffold.

Design registration number to be displayed at access points.

## Signature

**Signature**



## Acceptance – On Behalf of the Client

**Name**

Buzz McLean

**Signature**



## Date/Time

**Date**

15/11/2019

**Time**

23:11