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**Pre-Scaffold Survey and Impact Assessment**

|  |  |
| --- | --- |
| **Job Number:** |  |
| **Date:** |  |
| **Property Details:** | Name: |
|  | Address: |
|  | Tel: Email: |
| **Surveyor:** |  |
| **Contractor:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Brief Description of Proposed Works:** |  | | |
| **Proposed Start Date:** |  | | |
| **Proposed Completion Date:** |  | | |
| **Possible Alternative Access:** | Ladder | MEWP | Mobile Access Tower |
| Other | Comment | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Property Type:** | | | |
| Detached |  | Terrace |  |
| Semi-Detached |  | Bungalow |  |
| Flats |  | Garage |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Elevation:** | | | |
| Front |  | Chimney |  |
| Rear |  | Garage |  |
| Side |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Access for Scaffolds:** | | | | | | |
| Front |  | Side | | | |  |
| Rear |  | Other | | | |  |
| Is a specific design / access statement required for the scaffold? | | | YES |  | NO |  |
| Comments (accessibility guidance for scaffold company): | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Obstructions / Hazards:** | | | | | |
| Flue Pipe |  | Conservatory |  | Sloping site |  |
| SVP Pipe |  | Extension |  | Porch |  |
| Waste Pipe |  | Bay Window |  | Shrubs / Bushes |  |
| Overhead Cables / Services |  | TV Aerial/Satellite Dish |  | Meter Box |  |
| Ventilation Extraction |  | Fuel Storage Tank |  | Asbestos |  |
| Any other hazards / comments: | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Permission from neighbouring property obtained:** | YES |  | NO |  | REQUIRED |  | NOT APPLICABLE |  |
| Comments: | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Notification to other residents required:** | YES |  | NO |  | REQUIRED |  | NOT APPLICABLE |  |
| Comments: | | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Impact Assessment:** | | | | | |
| **Welfare:** | | **Access:** | | **Surrounding:** | |
| Noise Levels |  | Pedestrian |  | Parking |  |
| Light Levels |  | Mobility Scooter |  | Communal Area |  |
| Security |  | Wheelchair |  | Garden |  |
|  |  | Motor Vehicle |  |  |  |
| Comments: | | | | | |

|  |
| --- |
| **Any other Information** - Incl. Photos (to be attached with form): |
|  |

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**