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Suspended Platforms Job Survey Sheet

Basic Information

Date: _____ By: _____

Customer Name: _____ Tel: _____

Address: _____

Job Name: _____ Job Contract: _____

Job Address: _____ Tel: _____

Is User Training Required Yes No

Job Site Inspection Needed? Yes No

Duration of job: _____

Delivery Required (Date & Time Requirements): _____

Description of Work to be Performed: _____

Number of Fall Arrest Equipment: _____ Lifeline Length: _____

Building Height: _____ Wire Rope Length: _____

Power Cord Length: _____ Power Cord Adapter: _____

Total Weight of Platform (Live & Dead Loads): _____

Type of Suspended Equipment

	Number	Size		Number	Size
Fixed Length Platform			Modular Platform		
Work Cage			Bosun Chair		
Work Cage w/Extension			Hoist (describe)		
Other					

Type of Roof Support Equipment

Outrigger Beam: _____ Parapet Clamp: _____

(Overall Length & Overhang Requirements) (Size)

Outrigger Support: _____ Cornice Hook: _____

(Describe) (Size)

Counterweights (50lbs ea.): _____ Davits: _____

(Number required) (Size)

Rolling Roof Dolly: _____ Is Truss Required?: _____ Moveable Sockets: _____

(Number Required)

Parapet Wall Height: _____ Is it Load Bearing?: _____ Other: _____

(Explain)

Other Information Required

Roof Conditions: _____ Describe Roof Access: _____

Building Has Usable Rigging Yes No Location of Tieback: _____

Erection Required Yes No Location of First Drop: _____

Relocate Rigging Required Yes No Special Equipment Required: _____

Pickup Required (Date & Time) Yes No Special Arrangements: _____

Harzards	Yes	No
Electrical Lines	<input type="checkbox"/>	<input type="checkbox"/>
Trees	<input type="checkbox"/>	<input type="checkbox"/>
Broken Glass	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)		