

TRIPOD INSPECTION FORM

Company Name:			Date: YY/MM/DD	
Project:		Address:		
Contact person:		Cell #:		
Make:		Model:		
Serial/Lot number:		Tag number/color:		
Inspection Criteria				
Labels present			□ Yes	□ No
Labels legible			□ Yes	□ No
All bolts and nuts securely attached			□ Yes	□ No
Missing bolts/nuts/pins or other parts			□ Yes	□ No
Altered bolts/nuts/pins or other parts				□ No
Substituted bolts/nuts/pins or other parts			□ Yes	□ No
Corrosion on body			□ Yes	□ No
Corrosion on nuts/bolts			□ Yes	□ No
Legs telescope in and out freely			□ Yes	□ No
Legs straight with no signs of deformation or distortion			□ Yes	□ No
Legs lock into place when erect			□ Yes	□ No
Feet pivot smoothly			□ Yes	□ No
Feet rubber pads in place			□ Yes	□ No
Leg chain undamaged			□ Yes	□ No
Eye-bolt anchorage in place			□ Yes	□ No
Eye-bolt anchorage dree from damage			□ Yes	□ No
Cable pulleys clean			□ Yes	□ No
Cable pulleys rotate freely			□ Yes	□ No
Comments: Please include details on findings above when applicable				
Inspection outcome:				
Inspected by:		Signature:		