

HANDBOOK CERTIFICATE

Instant Scaffolds WA ABN 99 326 623 023

TEL: 9472 7600

Hire Agreement

No.....

DATE TIME

CLIENT

SITE ADDRESS

SCAFFOLD LOCATION

TYPE OF SCAFFOLD

NUMBER OF WORKING PLATFORMS

DUTY CATEGORY (PLEASE CIRCLE)

LIGHT MEDIUM HEAVY SPECIAL

OTHER

SCAFFOLD HEIGHT

SCAFFOLD LENGTH

TYPE OF ACCESS (PLEASE CIRCLE)

LADDER STAIR RAMP OTHER

QUOTATION/APPROVAL/DRAWING REFERENCE

NAME OF SCAFFOLDER

SIGNATURE OF SCAFFOLDER

CLIENT SIGNATURE

30 DAY CHECK

DATE SIGN

IT IS AN OFFENCE TO REMOVE/ALTER THIS CARD WITHOUT AUTHORITY OF INSTANT SCAFFOLDS WA

**THIS SCAFFOLD MUST ONLY
BE ERECTED, ALTERED
OR DISMANTLED BY A
LICENSED SCAFFOLDER**