

HANDOVER 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**