

**Declaration for
Audit on Scaffolding Operations**

I, _____, _____, of _____
 (Name of Auditor) (NRIC No / FIN) (Name of WSH Auditing Organization)
 have audited: _____ of _____ on _____ in the
 (Name of Company as stated in ACRA) (UEN) (Date: dd/mm/yyyy)

implementation of their Risk Assessment (RA) and Standard Operating Procedure (SOP) or Method Statement. Based on my audit, I am satisfied that the RA and SOP or Method Statement have covered the construction, erection, installation, repositioning, alteration, maintenance, repair or dismantling, including the transportation and storage operations of the above-mentioned company namely for:

Please check () where applicable:

- Conventional scaffolds (tubes and fittings)
- Framed scaffolds
- Modular scaffolds
- Suspended scaffolds

Name & Signature of MOM-Approved WSH Auditor

Date

054-001-

Reference No. of MOM-Approved WSH Auditing Organisation