### IDENTIFICATION

|  |  |
| --- | --- |
| Job Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Job Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Competent Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### EXCAVATION CHARACTERISTICS

|  |  |  |  |
| --- | --- | --- | --- |
| Length | Width | Depth | Slope |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Soils Type** | **Moisture Content** |  | **Activities** |  |
| [ ]  A | [ ]  Dry |  | In Excavation |  |
| [ ]  B | [ ]  Moist |  | Nearby |  |
| [ ]  C | [ ]  Wet |  |  |  |

### PROTECTIVE SYSTEMS AND DOCUMENTATION

Protective System Properly Installed? [ ]  Yes [ ]  No

Protective System Data Available? [ ]  Yes [ ]  No

### PROCEDURES

Air testng required? [ ]  Yes [ ]  No Performed? [ ]  Yes [ ]  No

Confined space? [ ]  Yes [ ]  No Safety Watch in use? [ ]  Yes [ ]  No

### INSPECTION

Surface Encumbrances [ ]  Yes [ ]  No (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adjacent Activities (Describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Barricades or Perimeter warning properly marked? [ ]  Yes [ ]  No

Proper Access Provided? (ladders accessible < 25 ft or ramps) [ ]  Yes [ ]  No

Cross Over walk ways with railings provided as needed? [ ]  Yes [ ]  No

Recent or Continuing Precipitation? [ ]  No [ ]  Light [ ]  Medium [ ]

Heavy Water Accumulation in bottom? [ ]  Yes [ ]  No

Pumps Operating? [ ]  Yes [ ]  No

Spoils, tools and materials away from edge? [ ]  Yes [ ]  No

Signs of imminent failure or distress (sloughing, spalling, bulging or cracks in walls or near edge on surface)? [ ]  Yes [ ]  No

Other Hazards Observed? [ ]  Yes [ ]  No If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Corrective Action Required? [ ]  Yes [ ]  No If yes, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Corrective Action has been taken and verified? [ ]  Yes [ ]  No

**Excavation Safe For Entry??** **[ ]  Yes [ ]  No**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Time Inspected By:

Note: A completed, dated and signed copy of this inspection checklist should be posted at entry point for each excavation prior to entry each day.