

DAILY EXCAVATION CHECKLIST										
LOCATION:							DATE:			
TIME OF INSPECTION(S): 1) 2) 3) 4) 5)										
WEATHER CONDITIONS: <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Raining						APPROX. TEMP:				
CREW CHIEF:					SUPERVISOR:					
Pre-Entry safety briefing at site?					<input type="checkbox"/> Yes	Adequate signs posted and barricades provided?				<input type="checkbox"/> Yes
UTILITIES					WET CONDITIONS					
Located and Marked, if not call Tennessee 1 call					<input type="checkbox"/> Yes	Precautions taken to protect employees from water accumulation (continuous dewatering)				<input type="checkbox"/> Yes
Overhead lines located and operator briefed					<input type="checkbox"/> Yes	Surface water or runoff diverted /controlled to prevent accumulation in the excavation				<input type="checkbox"/> Yes
Utilities crossing trench supported and protected					<input type="checkbox"/> Yes	Inspection made after every rainstorm or other hazard increasing occurrence				<input type="checkbox"/> Yes
ENTRY & EXIT					GENERAL					
Exit (i.e. ladder, sloped wall) no further than 25 feet from ANY employee					<input type="checkbox"/> Yes	Spoils, equipment, & materials at least 2 feet from edge of trench				<input type="checkbox"/> Yes
Ladders secured and extend 3 feet above the edge of the trench					<input type="checkbox"/> Yes	Surface encumbrances accounted for				<input type="checkbox"/> Yes
Wood ramps constructed of uniform material thickness, cleated together @ the bottom					<input type="checkbox"/> Yes	Protection from falling loads				<input type="checkbox"/> Yes
Employees protected from cave-ins when entering or exiting the excavation					<input type="checkbox"/> Yes	Utility locations reviewed with operator				<input type="checkbox"/> Yes
SOIL TYPES AND TESTS					AIR MONITORING					
SOIL TYPE		SOIL TEST			If over 4 ft. has atmosphere been tested?					
<input type="checkbox"/> Solid rock, shale		Visual test	<input type="checkbox"/> Yes	<input type="checkbox"/> No	DEPTH OF TRENCH: _____ Ft.		Oxygen >19%	<input type="checkbox"/> Yes	<input type="checkbox"/> *No	
					Mechanical test	<input type="checkbox"/> Yes				<input type="checkbox"/> No
<input type="checkbox"/> Type A Soil										
<input type="checkbox"/> Type B Soil										
<input type="checkbox"/> Type C Soil		Type of mechanical Test:			Other					
<input type="checkbox"/> Solid rock, shale					* if above allowable levels, ventilate and retest					
PROTECTION SYSTEM USED					PERSONAL PROTECTIVE EQUIPMENT					
Trench box					<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hard hats		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, manufacturer's data on trench box capabilities on site.							Warning vests		<input type="checkbox"/> Yes	<input type="checkbox"/> No
SLOPING USED							Safety Glasses		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> 3/4:1 A		<input type="checkbox"/> 1:1 B		<input type="checkbox"/> 1 1/2:1 C		Ventilation		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<input type="checkbox"/> Other: Explain in comments							Gloves		<input type="checkbox"/> Yes	<input type="checkbox"/> No
							Other, specify		<input type="checkbox"/> Yes	<input type="checkbox"/> No
COMMENTS:										
Completed By:					Time:			Date:		