

TRENCHING AND EXCAVATION INSPECTION

Trenching and Excavation Inspection



* Your Name	* Date / Time

INSPECTION DETAILS

Site Location	Competent Person
Inspection Date	

EXCAVATION

Excavations and Protective Systems inspected by Competent Person daily, before start of work <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Competent Person has authority to remove workers from excavation immediately <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Surface encumbrances supported or removed <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Employees protected from loose rock or soil <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Hard hats worn by all employees <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Spoils, materials, and equipment set back a minimum of 2' from edge of excavation <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Barriers provided at all remote excavations, wells, pits, shafts, etc <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Walkways and bridges over excavations 6' or more in depth equipped with guardrails <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Warning vests, or other highly visible PPE provided and worn by all employees exposed to vehicular traffic <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Employees prohibited from working or walking under suspended loads <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Employees prohibited from working on faces of sloped or benched excavations above other employees <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Warning system established and used when mobile equipment is operating near edge of excavation <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA

UTILITIES

Utility companies contacted and/or utilities located <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Exact location of utilities marked when near excavation <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Underground installations protected, supported, or removed when excavation is open <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	

WET CONDITIONS

Precautions taken to protect employees from accumulation of water <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Water removal equipment monitored by Competent Person <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Surface water controlled or diverted <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Inspection made after each rainstorm <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA

HAZARDOUS ATMOSPHERE

Atmosphere tested when there is a possibility of oxygen deficiency or build-up of hazardous gases <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Oxygen content is between 19.5% and 21% <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Ventilation provided to prevent flammable gas build-up to 20% of lower explosive limit of the gas <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Testing conducted to ensure that atmosphere remains safe <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Emergency Response Equipment readily available where a hazardous atmosphere could or does exist <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	Employees trained in the use of Personal Protective and Emergency Response Equipment <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA
Safety harness and life line individually attended when employees enter deep confined excavation <input type="checkbox"/> Yes (1/1) <input type="checkbox"/> No (0/1) <input type="checkbox"/> NA	

SUMMARY

Comments / Notes ----- ----- ----- -----	Signature of Competent Person <hr style="width: 30%; margin-left: auto; margin-right: auto;"/>
Competent Person Signature Date	