

EXCAVATION SAFETY CHECKLIST

Date: _____ **Time:** _____ AM PM **Location:** _____

Work Description: _____

Section A. CHECKLIST TO BE COMPLETED PRIOR TO EXCAVATION (for ALL excavations)		Yes	No	N/A
Add Name of Person Assigned to Task. _____				
State "One Call" - 1-(800) - _____ - _____				
One Call Reference Number: _____				
1.	_____ will call State "One Call" and contact utility companies or owners (48 hrs in advance if req'd)			
2.	_____ has identified any overhead electrical lines to prevent contact with equipment.			
3.	_____ has identified, protected, supported or removed underground and surface utility installations.			
4.	_____ has isolated and locked and tagged out all energy sources in accordance with MOC guidelines.			
5.	_____ has identified potential vehicular traffic and has issued safety vests to excavation personnel.			
6.	_____ has incorporate warning systems (i.e., hand signals, barricades, stop logs, etc.).			
7.	_____ will back-fill or barricade the excavation as soon as work is completed.			

Completed by: _____ **Date:** _____

Section B. EXCAVATION CHECKLIST FOR PERSONNEL ENTRY		Yes	No
A competent person must complete Sections B and C of the checklist and any unsafe condition (noted by a shaded box) must be corrected before personnel enter the excavation.			
8.	Does the excavation contain, or have a potential to contain, a hazardous atmosphere or any other serious safety hazards? If yes, a safe work permit must be completed by a permit issuer. Attach this checklist to the safe work permit.		
9.	Is the excavation 5 feet or deeper with a slope steeper than 1ft vertical to 1.5 ft horizontal or does the competent person require non-entry rescue provisions? (If no, proceed to number 10.) <ul style="list-style-type: none"> • If yes, will each entrant wear a full body harness with a properly attached/attended lifeline and is the excavation configured such that personnel can be safely retrieved without entry of rescue personnel? 		
10.	Is the spoil pile at least two (2) feet from the edge of the excavation?		
11.	For excavations four (4) feet or more in depth: A) Is a ladder or other safe means of egress (i.e., sloped ramp) provided? B) Has a permit issuer evaluated the excavation to determine if it is a permit-required confined space? .		
12.	If ladders are used, do they extend at least three (3) feet above the surface and are they secured? <input type="checkbox"/> N/A (<i>ladders not used</i>)		
13.	Are exits located so as not to require more than 25 feet of lateral travel by personnel?		
14.	If water removal equipment is used, is it monitored by the competent person? <input type="checkbox"/> N/A		
15.	Is the excavation inspected by a competent person daily and after every rainstorm or other hazard increasing occurrence?		
16.	If the excavation is five (5) feet or more deep, is it properly sloped, shored or is a trench box used?		
17.	If the excavation has potential to cave-in on personnel (regardless of depth), is it properly sloped, shored or is a trench box used?		

Section C. SOIL CLASSIFICATION

18. Soil Classification: Stable Rock Class C **For Classification of Class A or Class B Soil, Complete Numbers 19 through 23.**

Minimum of 1 Manual Test and 1 Visual Test Required for Class A or Class B Soil Classification	
19.	Manual Test: <input type="checkbox"/> Plasticity <input type="checkbox"/> Dry Strength <input type="checkbox"/> Thumb Penetration <input type="checkbox"/> Instrument Test <input type="checkbox"/> Drying Test
20.	Visual Test (observe the...) <input type="checkbox"/> Soil during excavation. <input type="checkbox"/> Samples of the soil that are excavated and soil in the sides of the excavation. <input type="checkbox"/> Side of the opened excavation and the surface area adjacent to the excavation. <input type="checkbox"/> Adjacent area and excavation for evidence of surface water, location of water table, etc. <input type="checkbox"/> Opened side of the excavation to identify layered systems. <input type="checkbox"/> Adjacent area and excavation for evidence of existing utility, etc. to identify previously disturbed soil. <input type="checkbox"/> Adjacent area and excavation for sources of vibration that may affect the stability of the excavation face.
21.	Check any indications of the following: <input type="checkbox"/> Layered Systems <input type="checkbox"/> Vibrations <input type="checkbox"/> Water <input type="checkbox"/> Slopes <input type="checkbox"/> Fissures
22.	Potential for Cave-in? <input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Soil Type: <input type="checkbox"/> Class A <input type="checkbox"/> Class B

SLOPING & BENCHING OR TRENCH BOX *Required for any excavation that has potential to cave-in on personnel and all excavations 5' or >*

24. Soil Type A ¾ Horizontal to 1 Vertical Soil Type B 1 Horizontal to 1 Vertical Soil Type C 1½ Horizontal to 1 Vertical
 Trench Box (approved for service and unaltered) Comments: _____

COMPETENT PERSON *Person must be trained as a "Competent Person" as defined by 29 CFR 1926.650.*

25. **Name (printed):** _____ **Date:** _____
Signature: _____ **Time:** _____ AM PM

RE-INSPECTIONS OF EXCAVATION BY COMPETENT PERSON <i>Attach additional pages as needed.</i>		
26.	Time: _____ Deficiencies: _____	Inspected by: _____
	Time: _____ Deficiencies: _____	Inspected by: _____
	Time: _____ Deficiencies: _____	Inspected by: _____