

DAILY EXCAVATION & TRENCH INSPECTION

Site Name & Excavation Location: _____

Date: _____ Time: _____ Excavation depth: _____ (width): _____

Inspection performed by: _____
(Authorized Competent Person)

Indicate for the 15 items listed: Yes, No, or N/A for Not Applicable

- | | |
|---|------------------------|
| 1. Excavations, adjacent areas and protective systems inspected by a competent person daily prior to the start of work. | YES [] NO [] N/A [] |
| 2. Competent person has the authority to remove employees from excavation immediately | YES [] NO [] N/A [] |
| 3. Surface encumbrances removed or supported. | YES [] NO [] N/A [] |
| 4. Employees protected from loose rock or soil that could pose a hazard by falling or rolling into the excavation. | YES [] NO [] N/A [] |
| 5. Hard hats worn by all employees. | YES [] NO [] N/A [] |
| 6. Soils, materials and equipment set back at least 2' from the edge of the excavation. | YES [] NO [] N/A [] |
| 7. Barriers provided at all remotely located excavations, wells, pits, shafts, etc. | YES [] NO [] N/A [] |
| 8. Walkways and bridges over excavations 4' or more in depth are equipped with standard guardrail. | YES [] NO [] N/A [] |
| 9. Warning vests or other highly visible clothing provided and worn by all employees exposed to public vehicular Traffic. | YES [] NO [] N/A [] |
| 10. Employees required to stand away from vehicles being loaded or unloaded. | YES [] NO [] N/A [] |
| 11. Warning system established and utilized when mobile equipment is operating near the edge of the excavation. | YES [] NO [] N/A [] |
| 12. Employees prohibited from going under suspended loads. | YES [] NO [] N/A [] |
| 13. Employees are prohibited from working on the faces of sloped or benched excavations above other employees. | YES [] NO [] N/A [] |
| 14. Employees protected from water accumulation. | YES [] NO [] N/A [] |
| 15. Fall protection worn by all employees. | YES [] NO [] N/A [] |

NOTE: Atmospheres in excavations greater than four feet shall be tested for oxygen. Content and flammable gas concentrations prior to entry of personnel. Emergency Equipment and/or services shall be readily available.

Are hazardous atmospheres present? if yes, please explain? _____

% of Oxygen: _____ % of LEL: _____ Other: _____

Soil classification shall be made based on the results of at least one visual and one manual test.

(Check soil types and tests performed) _____ Stable rock _____ Type A _____ Type B _____ Type C

Visual Tests

- Inspect worksite for:
- _____ Fissured ground
 - _____ Layered soil
 - _____ Previously disturbed earth
 - _____ Seepage
 - _____ Vibration
 - _____ Poor Drainage

Manual Tests

- Analyze soil for:
- _____ Plasticity
 - _____ Dry strength
 - _____ Thumb Penetration
 - _____ Pocket Penetrometer
 - _____ Shearvane
 - _____ Drying test

Sloping & Benching

- _____ Stable rock 90 degrees
- _____ Type A - 53 degrees
- _____ Type B - 45 degrees
- _____ Type C - 34 degrees

Shoring and Shielding: _____ Aluminum hydraulic _____ Trench boxes, Aluminum Lite Shield _____

Design using tabulated data: YES [] NO [] N/A [] RPE Design: YES [] NO [] N/A []

EXCAVATION & TRENCHING SOIL MANUAL SOIL ANALYSIS RECORD

OSHA 29 CFR PART 1926 SUBPART P

DATE: _____

PROJECT NAME: _____

SOILS ENGINEER OBSERVED AND REPORTED SOIL TYPES:

LAYERED SOILS PRESENT:	YES _____	NO _____
LAYERED SOILS DIPPING INTO EXCAVATION SITE:	YES _____	NO _____
CRACK LIKE OPENINGS OR SPALLING OBSERVED:	YES _____	NO _____
OTHER TYPES OF SOIL TEST PERFORMED:	YES _____	NO _____

LIST TYPES OF TEST PERFORMED AND THE RESULTS

TEST #	LOCATION	DEPTH	TEST TYPE	SOIL TYPE	OSHA CLASS

COMMENTS:

SAFETY MEETING ATTENDANCE

TOPIC _____

DATE:	PRINT NAME	SIGNATURE

SUPERVISOR SIGNATURE _____