

DAILY EXCAVATION/TRENCH INSPECTION REPORT

Competent Person: _____
 Project Name: _____
 Project Location: _____

Date: _____
 Job # _____
 Weather: _____

Check Yes, No or N/A (Not Applicable)

If a comment is required, make a note on the other side of this page.

		Yes	No	N/A
1.	Are all barricades or covers in place and in good condition?			
2.	Are tension cracks observed along the top or on slopes?			
3.	Is excavated material at least 2' from the edge of the excavation?			
4.	Are slopes cut at the correct angle?			
5.	Is any water seepage noted in the trench walls or bottom?			
6.	Are pumps in place if needed?			
7.	Is the shoring system installed properly?			
8.	Is there evidence of any significant fracture planes in soil or rock?			
9.	Is there evidence of caving or sloughing of soil since the last inspection?			
10.	Are there any zones of unusually weak soils or materials?			
11.	Are there any noted dramatic dips or bedrock?			
12.	Are all short-term trench(s) covered within 24 hours?			
13.	Are hydraulic shores pumped to the correct pressure?			
14.	Is shoring secured?			
15.	Does the plan include a safety factor for equipment being used?			
16.	Is traffic adequately away from trenching operation?			
17.	Are there trees, boulders or other hazards in area?			
18.	Are sidewalks, pavements, etc. protected from undercuts?			
19.	Are trench boxes certified?			
20.	Is access and egress located within 25' of employees?			
21.	Is there a potential for a hazardous atmosphere?			
22.	Is atmospheric testing performed?			
23.	Are underground utility installations in the area?			
24.	Have the appropriate locations been made?			
25.	Is there vibration from equipment or traffic?			
26.	Are employees exposed to vehicular traffic?			
27.	Are employees wearing high visibility vests?			
28.	Are employees working in the trench properly trained?			
29.	Have rescue procedures been established?			
30.	Is rescue equipment readily available?			

Additional Comments _____

SOILS

Stable Rock Type A Type B Type C Layered
Describe _____

PROTECTION

Sloping Benching Shoring Shielding
Describe _____

"I hereby attest that the above conditions existed and that the above items were checked or reviewed during this inspection".

Print Name

Sign Name