NATIONAL ACCELERATOR LABORATORY

ENVIRONMENT, SAFETY & HEALTH DIVISION

Chapter 11: Excavation Safety

Daily Inspection Checklist

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URL: http://www-group.slac.stanford.edu/esh/eshmanual/references/excavationsChecklistInspectDaily.pdf

Instructions (For more information, see Excavation Safety: Excavation Procedures)

The *excavation competent person* must complete this or a comparable inspection form at least once per day while the excavation is open. This checklist can also be used to record conditions and observations at other times. A record of the daily inspection must be maintained for the duration of the excavation.

Excavation Permit Number (EPF#)

Project location: _____

Inspection Certification

I am an excavation competent person and I completed the following inspection on *(date)* at *(time)*

Name *(print)*: Phone:

Signature:

My role for this excavation is
☐ Subcontractor ☐ Project manager ☐ University technical representative

Inspection purpose:
☐ Daily required inspection prior to beginning
☐ Routine inspection during work
☐ After rainstorm
☐ After a hazardous condition *(describe)*
☐ Other *(describe)*

Current Conditions	N/A	Description or Measure	Comments / Observations
Terrain	☐		
Weather	☐		
Water accumulation	☐		
Traffic conditions	☐		
Heavy equipment location	☐		
Heavy materials location	☐		
Spoils location	☐		
Building proximity to spoils	☐		
Possible vibration sources	☐		
Previously disturbed soil	☐		
Trench width	☐		
Trench depth	☐		
Other trench characteristics	☐		
Access / egress conditions	☐		
Atmospheric test results	☐	$\%O_2$ % LEL	
Toxic or hazardous atmosphere source	☐		
Other	☐		
Changing conditions / change of plan			

Site Survey	No	Yes
The excavation is within the original scope of the excavation permit	☐	☐
Excavation permit conditions for disposal, shielding, and training are being adhered to	☐	☐
Utility survey markings are complete, accurate, and legible	☐	☐
Storm drains are adequately protected from sediment	☐	☐
Stockpiles/excavated materials are at least two feet from excavation edge	☐	☐
Shoring equipment is damaged *(if yes, describe)*	☐	☐

Protective Systems

Options *(check one)*

☐ Option (1) slope is 1.5:1 (34°) (Type C)

☐ Option (2) slope is _____ based on soil type

☐ Trench shield: Manufacturer:

☐ Aluminum hydraulic shoring system manufacturer:

Supporting information:

Tabulated data on site:

Soils Analysis / Classification

Note: Soil does not need to be reclassified every inspection but should be reviewed and updated if conditions change.

Soil Analysis Method(s) Used

☐ Visual ☐ Manual

Soil Characteristics *(check all that apply)*

☐ Cemented ☐ Cohesive ☐ Dry ☐ Fissured ☐ Granular
☐ Layered ☐ Moist ☐ Plastic ☐ Saturated ☐ Submerged

Soil Classification *(check all that apply)*

☐ Type A ☐ Type B ☐ Type C ☐ Stable rock

Avg. compressive strength: _____ tsf Compressed strength data _____

Manual Test Used *(check all that apply)*

☐ Plasticity ☐ Dry strength ☐ Thumb penetration ☐ Drying Test ☐ Pocket penotrometer
☐ Other *(list)*