



Chapter 11: [Excavation Safety](#)
Daily Inspection Checklist

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 URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/excavationsChecklistInspectDaily.pdf>

ENVIRONMENT, SAFETY & HEALTH DIVISION

Instructions The excavation competent person must complete this or a comparable inspection form at least once per day while an excavation is open. This checklist may 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. (See Excavation Safety: Excavation Procedures [SLAC-I-730-0A23C-001].)		Excavation Permit Number (EPF#)
Project location (<i>include grid coordinates</i>):	Nearest building:	

Inspection Certification I am an excavation competent person and I completed the following inspection.			
Name (<i>print</i>):			
Signature:		Date:	
Phone:		Time:	
Inspection purpose:	<input type="checkbox"/> Daily required inspection prior to beginning work <input type="checkbox"/> Routine inspection during work <input type="checkbox"/> After rainstorm	<input type="checkbox"/> After a hazardous condition (<i>describe</i>) <input type="checkbox"/> Other (<i>describe</i>)	

Current Conditions	N/A	Description or Measure	Comments / Observations
Terrain	<input type="checkbox"/>		
Weather	<input type="checkbox"/>		
Water accumulation	<input type="checkbox"/>		
Traffic conditions	<input type="checkbox"/>		
Heavy equipment location	<input type="checkbox"/>		
Heavy materials location	<input type="checkbox"/>		
Spoils location	<input type="checkbox"/>		
Building proximity to spoils	<input type="checkbox"/>		
Possible vibration sources	<input type="checkbox"/>		
Previously disturbed soil	<input type="checkbox"/>		
Trench width	<input type="checkbox"/>		
Trench depth	<input type="checkbox"/>		
Other trench characteristics	<input type="checkbox"/>		
Access / egress conditions	<input type="checkbox"/>		
Atmospheric test results	<input type="checkbox"/>	%O ₂ % LEL	
Toxic or hazardous atmosphere source	<input type="checkbox"/>		
Other	<input type="checkbox"/>		
Changing conditions / change of plan			

Site Survey	No	Yes
The excavation is within the original scope of the permit	<input type="checkbox"/>	<input type="checkbox"/>
Permit conditions for disposal, shielding, and training are being adhered to	<input type="checkbox"/>	<input type="checkbox"/>
Utility survey markings are complete, accurate, and legible	<input type="checkbox"/>	<input type="checkbox"/>
Utilities within the excavation area have been de-energized/de-pressurized and locked and tagged	<input type="checkbox"/>	<input type="checkbox"/>
Storm drains are adequately protected from sediment	<input type="checkbox"/>	<input type="checkbox"/>
Stockpiles/excavated materials are at least two feet from excavation edge	<input type="checkbox"/>	<input type="checkbox"/>
Shoring equipment is damaged (<i>if yes, describe</i>)	<input type="checkbox"/>	<input type="checkbox"/>

Protective Systems
Options (<i>check one</i>)
<input type="checkbox"/> Option (1) slope is 1.5:1 (34°) (Type C)
<input type="checkbox"/> Option (2) slope is _____ based on soil type
<input type="checkbox"/> Trench shield manufacturer:
<input type="checkbox"/> 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
<input type="checkbox"/> Visual <input type="checkbox"/> Manual
Soil Characteristics (<i>check all that apply</i>)
<input type="checkbox"/> Cemented <input type="checkbox"/> Cohesive <input type="checkbox"/> Dry <input type="checkbox"/> Fissured <input type="checkbox"/> Granular
<input type="checkbox"/> Layered <input type="checkbox"/> Moist <input type="checkbox"/> Plastic <input type="checkbox"/> Saturated <input type="checkbox"/> Submerged
Soil Classification (<i>check all that apply</i>)
<input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type C <input type="checkbox"/> Stable rock
Avg. compressive strength: _____ tsf Compressed strength data _____
Manual Test Used (<i>check all that apply</i>)
<input type="checkbox"/> Plasticity <input type="checkbox"/> Dry strength <input type="checkbox"/> Thumb penetration <input type="checkbox"/> Drying Test <input type="checkbox"/> Pocket penetrometer
<input type="checkbox"/> Other (<i>list</i>)