

DAILY EXCAVATION CHECKLIST



Site location:	
Date:	Competent Person

Soil Type:	Excavation Depth:	Excavation Width:
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Locates Completed and visible:

Yes	<input type="checkbox"/>	Comment: _____
No	<input type="checkbox"/>	

Type of Cave-in protection

Shoring	<input type="checkbox"/>	Ladder:	<input type="checkbox"/>
Sloping	<input type="checkbox"/>	Comment: _____	
Benching	<input type="checkbox"/>		

Ground water present:

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

IF ground water is present write plan on back of sheet mitigation process

Atmosphere tested and safe for entry:

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

IF toxic or flammable gases are above limits set on gas monitor use back of sheet for mitigation process

Do all employees have proper PPE:

Yes	<input type="checkbox"/>	Comment: _____
No	<input type="checkbox"/>	

Rigging devices inspected and adequately rated:

Yes	<input type="checkbox"/>	Comment: _____
No	<input type="checkbox"/>	

Are all tools and equipment in safe working order ?

Yes	<input type="checkbox"/>	Comment: _____
No	<input type="checkbox"/>	

Signatures:

Excavator Operator: _____

Pipe Layer: _____

Top Man: _____

Backfill Operator: _____

Other: _____

Other: _____