**EXCAVATION INSPECTION-PERMIT CHECKLIST**

DATE: TIME: LOCATION:

DESCRIPTION OF EXCAVATION:

PERSON IN CHARGE OF WORK: (SAFETY WATCH, If applicable)

| **Item** | **Y** | **N** | **Comment** |
| --- | --- | --- | --- |
| Is there a Competent Person on site? |  |  |  |
| Have utilities been located? |  |  |  |
| Will excavation be less than 5 ft. in depth? If yes, has Competent Person determined appropriate worker protection? |  |  |  |
| Will excavation be greater than 5 ft. in depth? If yes, complete remainder. |  |  |  |
| Will workers in or near top or face of excavation be adequately protected? |  |  |  |
| What is expected soil type? \_\_\_\_\_\_\_\_\_\_\_\_ Is protection (sloping, benching, shoring, sheeting, or shielding) according to 29 CFR Part 1926.652? |  |  |  |
| If sloping/benching used:  Conforms to Appendix B, 29 CFR Part 1926.652 for Type C soils? Conforms to Appendix A or B? Conforms to other published tables that are onsite? Is designed by competent PE? |  |  |  |
| If shoring, sheeting, or shielding is used:  Designs based on Appendices A, C, D, or G of 29 CFR Part 1926.652? Designed and used according to manufacturer's specifications and instructions? Design is according to published tables that are onsite? Design is by a competent PE? |  |  |  |
| If Appendix A of 29 CFR Part 1926.652 is used, indicate soil classification \_\_\_\_\_\_\_\_\_. Is classification based on at least one manual and one visual test? |  |  |  |
| Is plan for installation and removal of support systems appropriate? |  |  |  |
| Is planned protection for surface encumbrances appropriate? |  |  |  |
| Are there adequate provisions for access and egress? |  |  |  |
| Is plan for protection from vehicular traffic adequate? |  |  |  |
| Are barriers and lighting provided for pedestrian and vehicle protection? |  |  |  |
| Is plan adequate for protection from exposure to falling loads? |  |  |  |
| Is there an adequate proximity warning system for mobile equipment? |  |  |  |
| Does plan adequately address hazards of/protection from accumulating water? |  |  |  |
| Does plan adequately take into account stability and potential impact of adjacent structures? |  |  |  |
| Is plan for protection from loose soil or rock adequate? |  |  |  |
| Inspections will be conducted of excavation and adjacent areas:  Prior to start of work? Daily? After rain storms or other hazard increasing occurrences? Are inspections documented? |  |  |  |
| Is fall protection adequate? |  |  |  |
| Is there a potentially hazardous environment? If yes, complete the following table. |  |  |  |
| Is appropriate emergency/rescue equipment available? |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Testing** | **PEL/Action Level** | **Concentration/Time** | | | |
| Percent Oxygen | 19.5-23.5% |  |  |  |  |
| Percent LEL | > 10% |  |  |  |  |
| \*Carbon Monoxide | 25 PPM (ACGIH TLV) |  |  |  |  |
| \*Hydrogen Sulfide | 1. PPM (ACGIH TLV) |  |  |  |  |
| (\*If applicable) |  |  |  |  |  |

**ADDITIONAL REQUIREMENTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Y** | **N** | **Comment** |
| Hot work permit required? |  |  |  |
| Confined entry procedures and permits required? |  |  |  |
| Have all employees reviewed and signed HASP? |  |  |  |

**EMERGENCY PLAN EMERGENCY TELEPHONE NUMBERS:**

Fire Department: Police Department:   
Ambulance: Medical:

**EMERGENCY EQUIPMENT**

|  |  |
| --- | --- |
| Fire Extinguisher - Type:  Location: | First Aid Kit - Locations: |
| Rescue Breathing Apparatus - Location: | Non-powered digging tools - Location: |
| Life Line Systems - Location: |  |

XXXXX Competent Person:

Registered Professional Engineer:

**EMPLOYEES/SUBCONTRACTORS:**

|  |  |  |
| --- | --- | --- |
| **Name (Please Print)** | **Signature** | **Duties** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |