

EXCAVATION CHECKLIST
 (To be completed by Supv/Work Leader
 prior to starting excavation)

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| SITE LOCATION: | |
| PLANNED SIZE OF EXCAVATION: (L x W x:D) | |
| TYPE OF PROTECTIVE SYSTEM USED: Shoring/Trench Box/Sloping/Benching/NA | |
| PURPOSE OF EXCAVATION: | |
| DURATION OF EXCAVATION: | |
| NAME AND PHONE No. OF THE NEAREST EMERGENCY MEDICAL FACILITY: | |
| | Ph. No. |

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| Prior to Excavation: | |
| a. Is the excavation located in a remote location? | Yes / No / NA |
| b. Has the Safety Office been notified? | Yes / No / NA |
| b. Has a Competent person been assigned to the jobsite? | Yes / No / NA |
| c. Has the Competent Person been briefed on the Daily Inspection Log? | Yes / No / NA |
| d. Has the Competent person been briefed on his authority to remove any employee from the excavation immediately? | Yes / No / NA |
| e. Will employees be exposed to vehicular traffic? | Yes / No / NA |

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| Utilities: | |
| a. Are the exact locations of utilities marked? | Yes / No / NA |
| b. Has the utility company been contacted and/or utilities located? | Yes / No / NA |

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| Means of Access and Egress: | |
| a. Will structural ramps be required for the job? | Yes / No / NA |
| b. If required, is it being designed by a professional engineer (RPE)? | Yes / No / NA |

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| Hazardous Atmosphere: | |
| a. If required, have arrangements been made to test the excavation for oxygen, combustible, or other harmful contaminant? | Yes / No / NA |
| b. Are employees assigned to the job trained to use personal protective equipment? | Yes / No / NA |

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| Support Systems: |
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| a. Are materials and/or equipments for support systems selected based on soil analysis, trench depth, and expected loads? | Yes / No / NA |
| b. Are damaged materials and equipment used for protective systems been inspected by a registered professional engineer (RPE) after repairs and before being placed back into service? | Yes / No / NA |

Supervisor/Work Leader Signature: _____ Date: _____

Post Excavation

1. When was the job completed and the excavation backfilled?

Date: _____

2. Were daily checks completed by a Competent Person and kept in the log?

Yes

No. Explain: _____

3. **Send this checklist to O9K when excavation is completed.**