

Excavation Safety Checklist

COMPLETE PRIOR TO BEGINNING EXCAVATION ACTIVITIES

This form should be completed and reviewed with all jobsite personnel prior to beginning excavation activities.

Date/Time Issued	Location of Excavation	Excavation Contractor(s)	Date/Time Expires*

Description of Excavation/Work to be Completed

Site Sketch (Sketch the excavation and surrounding area. Include all buildings, wells, natural features, buried utilities or environmental hazards. Use additional sheet if necessary)

Hazard Assessment (Review the area to be excavated for obstructions or hazards. Include atmospheric and environmental hazards. Use additional sheet if necessary)

Location/Description of Source	Yes	Not Applicable (Explain)
Has the excavation been located on a map and checked against the facility/pipeline diagram?		
Has the area to be excavated been clearly marked?		
Have underground utilities been located and marked according to state/local requirements?		
Has size, schedule, voltage, etc of buried utilities in the excavation area been identified?		
Have the contents and associated hazards of buried pipelines in the area been identified?		
Does the equipment operator have documentation of competency?		

Special Hazards or Safety Equipment (List any comments, special hazards or additional safety equipment required. Use additional sheet if necessary)

Guidelines for Use of Excavation Machinery

<p>1. DO NOT OPERATE EXCAVATION MACHINERY</p> <ul style="list-style-type: none"> a. Inside of a facility fence b. Within 20 feet outside of fenced area c. In pipeline Right-of-way <p>3. HAND DIG WITHIN 4 FEET TO UNCOVER BURIED UTILITIES</p>	<p>2. UNTIL UNCOVERED, DON'T DIG CLOSER THAN 4 FEET FROM</p> <ul style="list-style-type: none"> a. Steel or fiberglass pipelines b. High or low voltage electrical lines c. Any other buried utility <p>4. AFTER UNCOVERED, KEEP EXCAVATION EQUIPMENT 24" AWAY</p>
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Sign below to certify that you have reviewed the scope of work and the safety procedures outlined on form.

Excavation Contractor (Name)	Signature	Date
Company Representative (Name)	Signature	Date