

## EXCAVATION AND TRENCHING INSPECTION

### IDENTIFICATION

Job Name \_\_\_\_\_ Job Number \_\_\_\_\_

Location \_\_\_\_\_ Competent Person \_\_\_\_\_

### EXCAVATION CHARACTERISTICS

Length	Width	Depth	Slope
--------	-------	-------	-------

Soils Type	Moisture Content		Activities	
<input type="checkbox"/> A	<input type="checkbox"/> Dry		In Excavation	
<input type="checkbox"/> B	<input type="checkbox"/> Moist		Nearby	
<input type="checkbox"/> C	<input type="checkbox"/> Wet			

### PROTECTIVE SYSTEMS AND DOCUMENTATION

Protective System Properly Installed? ☐ Yes ☐ No

Protective System Data Available? ☐ Yes ☐ No

### PROCEDURES

Air testing required? ☐ Yes ☐ No Performed? ☐ Yes ☐ No

Confined space? ☐ Yes ☐ No Safety Watch in use? ☐ Yes ☐ No

### INSPECTION

Surface Encumbrances ☐ Yes ☐ No (Describe) \_\_\_\_\_

Adjacent Activities (Describe) \_\_\_\_\_

Barricades or Perimeter warning properly marked? ☐ Yes ☐ No

Proper Access Provided? (ladders accessible < 25 ft or ramps) ☐ Yes ☐ No

Cross Over walk ways with railings provided as needed? ☐ Yes ☐ No

Recent or Continuing Precipitation? ☐ No ☐ Light ☐ Medium ☐

1001 Meador Avenue, Bellingham, WA 98227

## EXCAVATION AND TRENCHING INSPECTION

Heavy Water Accumulation in bottom? ☐ Yes ☐ No

Pumps Operating? ☐ Yes ☐ No

Spoils, tools and materials away from edge? ☐ Yes ☐ No

Signs of imminent failure or distress (sloughing, spalling, bulging or cracks in walls or near edge on surface)? ☐ Yes ☐ No

Other Hazards Observed? ☐ Yes ☐ No If yes, describe: \_\_\_\_\_

---

---

---

---

---

Corrective Action Required? ☐ Yes ☐ No If yes, describe: \_\_\_\_\_

---

---

---

---

Corrective Action has been taken and verified? ☐ Yes ☐ No

**Excavation Safe For Entry??** ☐ Yes ☐ No

\_\_\_\_\_  
Date Time Inspected By:

Note: A completed, dated and signed copy of this inspection checklist should be posted at entry point for each excavation prior to entry each day.