



DAILY TRENCH INSPECTION RECORD

Job Name: _____ Job Number: _____

Foreman: _____ Date: _____

Utilities Located Prior to Excavation? Yes ____ No ____
 Protective System Used: Shield ____ Slope ____ Shore ____
 Measurements of Trench: Depth ____ Length ____ Width ____
 Purpose of Trench: _____

- 1. Was a visual soil test conducted? Yes ____ No ____
- 2. Was a manual Soil test conducted? Yes ____ No ____
- 3. Are there surface encumbrances? Yes ____ No ____
- 4. Water Conditions: Wet ____ Dry ____
- 5. Hazardous Atmosphere? Yes ____ No ____
- 6. Surcharge Load Yes ____ No ____
- 7. Soil Type A B C

- 1. Is trench exposed to vehicular exhaust? Yes ____ No ____
- 2. Are employees exposed to vehicular traffic? Yes ____ No ____
(If yes, safety vests are required)
- 3. Are utilities protected? Yes ____ No ____
- 4. Are ladders within 25' of all workers? Yes ____ No ____
- 5. Do ladders extend 3' above the surface? Yes ____ No ____
- 6. Are spoils kept 2' from the edge of trench? Yes ____ No ____
- 7. Are employees excavation trained? Yes ____ No ____

Comments:

Competent Person Name: _____ Signature: _____