

Excavation Site Checklist and Daily Field Report – ET-2

Competent Person: _____
 Project Name: _____
 Project Location: _____
 Weather Conditions: _____

Date: _____
 Time: _____
 Job No: _____
 Rainfall (Inches): _____

Instructions: Complete the items in the checklist by circling the appropriate response and noting descriptive conditions in the comments column. Sign the form to attest that the indicated items were reviewed during the inspection.

Description of Inspection Item:	Yes	No	Comments
1. Have all utilities marked their locations?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have all affected parties been notified?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is proper traffic control in place?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Has the soil been classified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All soils are classified as type C soils unless otherwise determined by the competent person
5. Has a protective system been selected by the competent person?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Has the competent person inspected the excavation/trench prior to start of each work period?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Has the work plan been discussed with all employees?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Are all employees protected from cave-ins when entering and exiting the excavation?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have hazardous objects around the excavation been removed or supported?	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is all spoil maintained at least 2 feet back from the edge of the excavation?	<input type="checkbox"/>	<input type="checkbox"/>	
11. Are ladders used for access and egress? If so, are they installed correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
12. Are employees protected from loose materials or tools which could fall into the trench?	<input type="checkbox"/>	<input type="checkbox"/>	
13. Are employees wearing the proper safety equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
14. Is the excavation/trench free of standing or seeping water?	<input type="checkbox"/>	<input type="checkbox"/>	
15. Are there evidences of shrinkage cracks in the face of the trench wall?	<input type="checkbox"/>	<input type="checkbox"/>	
16. Were there evidences of sloughing of soil from the trench face since the last inspection?	<input type="checkbox"/>	<input type="checkbox"/>	
17. If a support system has been installed, was it installed in accordance with recommendations?	<input type="checkbox"/>	<input type="checkbox"/>	
18. Is heavy equipment kept away from the edge of the excavation?	<input type="checkbox"/>	<input type="checkbox"/>	
19. Are any changed conditions properly noted?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Additional comments on safety.	<input type="checkbox"/>	<input type="checkbox"/>	

Competent Person Signature: _____ **Date:** _____