Excavation/Trench Inspection and Entry Authorization Form

This form will be completed by the Competent Person daily (at a minimum) or when site conditions change. The completion of this form is mandatory prior to work in any excavations or trenches 4' in depth or greater. A corresponding Excavation/Trenching Plan must be accepted by the GAR prior to work in any excavations/trenches 5' in depth or greater.

SUBCONTRACTOR:

LOCATION:

PRIME CONTRACTOR:

COMPETENT PERSON:

SLOPING

BENCHING

Type A soils at a minimum of 3/1 (53°)?

Type B soils at a minimum of 1:1 (45°)?

Type C soils at a minimum of 1 1/2:1 (34°)?

Type A and B soils benched? (NO Type C)

Max height of Type B soil bench 4'?

DATE: TIME:					NUME	NUMBER OF CREW MEMBERS:						
Dimensions	Depth = Min. Max.				Soil Type			Manual Test Measurement				
	Top = Width Lengt		th		Solid Rock	olid Rock Type B		Penetrometer				
	Bottom = Width Lengt				Type A	Ty	ype C	Thumb Penetrat	ion			
HAZARDOUS CONDITIONS* (Visual Checks)			Yes	No	PERIMETER CONSIDERATIONS					No	n/a	
Saturated soil/standing or seeping water?					Spoils located at least 2' away from edge?							
Bulging walls?					Materials located at least 2' away from edge?							
Rapid drying / shrinkage?					Class 1, 2, or 3 perimeter protection in place?							
Vibration from equipment / traffic?					Backhoe located at end of trench?							
Cracked or fissured walls?					Spotter working with the backhoe?							
Undercutting?					Exposed to the general public?							
Floor heaving?				MPM requirements completed?								
Super imposed loads?					LADDER/EGRESS LOCATION					No	n/a	
Exposed utilities?					Located within protected area?							
Atmospheric testing required?					Located within 25 feet of safe travel?							
Structures adjacent to trench?					Extends 36" above landing and secured in place?							
Trees or roots in the work area?					Maximum ramp angle without cleats 25°?							
*If the hazards listed above result in a fall hazard or confined space, a corresponding Site Specific Fall Protection and Prevention Plan									on Plan			
(SSFPPP) or Confined Space Plan (CSP) must be developed and accepted before work can commence.												
SHORING			Yes	No	COLOR CODE FOR UTILITY MARKING based on AN						.1	
Manufacturer tabulated data sheets on site?				PROPOSED EXCAVATION					WHITE			
Shoring inspected for defects/damage?					ELECTRIC POWER LINES, CONDUITS, LIGHTING CABLE					RED		
Trench shield in use?					POTABLE WATER					BLUE		
Speed shores in use?					GAS, STEAM, CONDENSATE, OIL COMPRESSED AIR					YELLOW		
Speed shores pumped to design pressure?					TELECOMMUNICATIONS, ALARM OR SIGNAL LINE					ORANGE		
Plywood or sheeting to be used?					TEMPORARY SURVERY MARKINGS					PINK		

OTHER

X

SEWER AND STORM DRAINS

RECLAIMED WATER, IRRIGATION, CHILLED LINES

EXCAVATION/TRENCH COMPETENT PERSON SIGNATURE

GREEN

PURPLE

LIGHT BLUE

Names of personnel authorized to enter the excavation/trench: