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|---|---------------------|------------------------|-------------------------|
| Form Number<br>LLCF-022                     | Issue Date 03/17/16 | Revision Date 06/15/21 | Form Number<br>LLCF-022 |
| <b>Excavating &amp; Trenching Checklist</b> |                     |                        |                         |

**Job/Work Activity:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Customer/Client:** \_\_\_\_\_ **Location:** \_\_\_\_\_

|   |   |  |                           |
|---|---|--|---------------------------|
| <b><i>This Form Is To Be Completed Prior To Excavating Near Underground Pipelines, Equipment or Electrical Lines</i></b>  |   |  |                           |
| <b>Weather:</b> <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Raining <input type="checkbox"/> Muddy <input type="checkbox"/> Windy |   | <b>Trench:</b> Depth _____ Width _____ Length: _____ |                           |
| <b>Soil Classification</b>  | <input type="checkbox"/> Type "A": <i>Clay, Silty Clay, Sandy Clay, Clay Loam</i>                               |  | <b>Protective Systems</b> |
|   | <input type="checkbox"/> Type "B": <i>Angular Gravel (Similar To Crushed Rock), Silt, Silt Loam, Sandy Loam</i> |  |                           |
|   | <input type="checkbox"/> Type "C": <i>Granular Soil, Including Gravel, Sand &amp; Loamy Sand</i>                |  |                           |
|   | Note: No Soil Is Type "A" Soil If The Soil Is Fissured, Subject To Vibration, Or Has Been Previously Disturbed  |  |                           |
|   |   | <input type="checkbox"/> Trench Box                  |                           |
|   |   | <input type="checkbox"/> Shoring                     |                           |
|   |   | <input type="checkbox"/> Sloping                     |                           |
|   |   | <input type="checkbox"/> Benching                    |                           |

|   |  |
|---|--|
| <b><i>Note: If Any Of The Following Questions Are Answered YES, Then A Confined Space Entry Permit Is Also Required</i></b> |  |
| Is The Atmosphere Currently, Or Is There The Potential For It To Become Hazardous   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The Excavation Contains A Material That Has The Potential For Engulfing An Entrant  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| It Is Possible For The Excavation Walls To Collapse Or Cave-In & Trap Or Asphyxiate An Entrant                              | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| The Excavation Contains A Hydrocarbon Line That Will Be Opened  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Any Other Safety And / Or Health Hazards Identified That Could Cause Serious Injury Or Death To An Entrant                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| <b>Utilities:</b>   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| Has The State "One-Call" Been Made: ( <b><i>Document "One Call" Verification Number</i></b> ) Verification #: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have All Underground Utilities Been Identified & Marked:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exact Location Of Utilities Marked When Near Excavation:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Underground Installations Protected, Supported, Or Removed When Excavation Is Open:                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is The Use Of Heavy Equipment Prohibited When Excavating Within 2 Feet Of Underground Utilities:                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has The Excavation, Adjacent Areas & Protective Systems Been Inspected By A Competent Person:                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>General Inspection Of Job-Site:</b>   | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| Competent Person Has The Authority To Remove Workers From The Excavation Immediately:              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surface Encumbrances Supported Or Removed:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employees Protected From Loose Rock Or Soil:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spoils, Materials & Equipment Set Back A Minimum Of 2' From Edge Of Excavation:                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Barriers Provided At All Remote Excavations, Wells, Pits, Shafts, Etc:                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Highly Visible PPE Provided & Worn By All Employees Exposed To Vehicular Traffic:                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employees Prohibited From Working On Faces Of Sloped Or Benched Excavations Above Other Employees: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Warning System Established & Used When Mobile Equipment Is Operating Near Edge Of Excavation:      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|                         |   |                        |                         |
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|                         | <b>Excavating &amp; Trenching Checklist</b> |                        |                         |

| <b>Hazardous Atmosphere:</b>   | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| Atmosphere Tested When There Is A Possibility Of Oxygen Deficiency Or Build-Up Of Hazardous Gases: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ventilation Provided To Prevent Flammable Gas Build-Up:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Emergency Response Equipment Readily Available Where A Hazardous Atmosphere Could Or Does Exist:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Harness And Life Line Individually Attended When Employees Enter Deep Confined Excavation:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Access &amp; Egress:</b>   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| Are Means Of Egress Within 25 Feet Apart Throughout The Excavation:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are Ladders Used In The Excavation Secured & Extend At Least 3 Feet Above The Edge Of The Trench:   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are Employees Protected From Cave-Ins When Entering Or Exiting The Excavation:  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>Note: Establish Escape Routes &amp; At Least Two Means Of Egress, One At Opposite Ends &amp; On Opposite Sides Of Piping In The Excavation</i> |                          |                          |                          |

| <b>Wet Conditions:</b>  | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| Precautions Taken To Protect Employees From The Accumulation Of Water:          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Water Removal Equipment Monitored By A Competent Person:                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Surface Water Controlled Or Diverted To Prevent Accumulation In The Excavation: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inspection Made After Each Rainstorm Or Other Hazard-Increasing Occurrence:     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| <b>Additional Comments And / Or Diagram:</b> |
|--|
|  |

| <b>Signatures:</b>    |       |      |
|-----------------------|-------|------|
|                       | Print | Sign |
| Supervisor / Foreman: |       |      |
| Competent Person:     |       |      |
| Excavator Operator:   |       |      |