

Form Number LLCF-022	Issue Date 03/17/16	Revision Date 06/15/23	Form Number LLCF-022
Excavating & Trenching Checklist			

Job/Work Activity: _____ **Date:** _____

Customer/Client: _____ **Location:** _____

<i>This Form Is To Be Completed Prior To Excavating Near Underground Pipelines, Equipment or Electrical Lines</i>			
Weather:	<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		Trench: Depth _____ Width _____ Length: _____
Soil Classification	<input type="checkbox"/> Type "A": Clay, Silty Clay, Sandy Clay, Clay Loam		Protective Systems
	<input type="checkbox"/> Type "B": Angular Gravel (Similar To Crushed Rock), Silt, Silt Loam, Sandy Loam		
	<input type="checkbox"/> Type "C": Granular Soil, Including Gravel, Sand & Loamy Sand		
	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		

<i>Note: If Any Of The Following Questions Are Answered YES, Then A Confined Space Entry Permit Is Also Required</i>	
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

Utilities:	Yes	No	N/A
Has The State "One-Call" Been Made: (<i>Document "One Call" Verification Number</i>) 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"/>

General Inspection Of Job-Site:	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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Hazardous Atmosphere:	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"/>

Access & Egress:	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 & At Least Two Means Of Egress, One At Opposite Ends & On Opposite Sides Of Piping In The Excavation</i>			

Wet Conditions:	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"/>

Additional Comments And / Or Diagram:

Signatures:		
	Print	Sign
Supervisor / Foreman:		
Competent Person:		
Excavator Operator:		