

# Daily Trench Inspection Worksheet

## LOCATION

Date \_\_\_\_\_ Time \_\_\_\_\_ AM/PM Weather \_\_\_\_\_

Location/Address \_\_\_\_\_

Inspector \_\_\_\_\_

## TRENCH TYPE/CONFIGURATION

- |  |  |
|--|--|
| <input type="checkbox"/> Straight<br><input type="checkbox"/> L-Trench<br><input type="checkbox"/> T-Trench<br><input type="checkbox"/> X-Trench<br><input type="checkbox"/> Shaft | <input type="checkbox"/> Bell piers<br><input type="checkbox"/> Benching/sloping<br><input type="checkbox"/> Other<br>_____<br>_____ |
|--|--|

## SOIL TYPE

- |   |                                 |                                 |                                       |                                     |
|---|---------------------------------|---------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Type A                       | <input type="checkbox"/> Type B | <input type="checkbox"/> Type C | <input type="checkbox"/> Visual Test  |                                     |
| <input type="checkbox"/> Manual Test (Indicate Type): |                                 |                                 |                                       |                                     |
| <input type="checkbox"/> Plasticity                   | <input type="checkbox"/> Dry    | <input type="checkbox"/> Thumb  | <input type="checkbox"/> Penetrometer | <input type="checkbox"/> Shear Vane |

## HAZARDS

- |   |   |   |
|---|---|---|
| <b>Yes/No</b><br><input type="checkbox"/> <input type="checkbox"/> Trench failure<br><input type="checkbox"/> <input type="checkbox"/> Previously disturbed soil<br><input type="checkbox"/> <input type="checkbox"/> Depth 10' or greater<br><input type="checkbox"/> <input type="checkbox"/> Water: standing/saturated | <b>Yes/No</b><br><input type="checkbox"/> <input type="checkbox"/> Rain<br><input type="checkbox"/> <input type="checkbox"/> Vibrations<br><input type="checkbox"/> <input type="checkbox"/> Surcharge loads<br><input type="checkbox"/> <input type="checkbox"/> Utilities (new) | <b>Yes/No</b><br><input type="checkbox"/> <input type="checkbox"/> Utilities (existing)<br><input type="checkbox"/> <input type="checkbox"/> Cracked or fissured wall(s)<br><input type="checkbox"/> <input type="checkbox"/> Atmospheric |
|---|---|---|

Other Hazards: \_\_\_\_\_

## OPERATIONAL SAFETY

- |   |  |   |
|---|--|---|
| <b>Yes/No</b><br><input type="checkbox"/> <input type="checkbox"/> Barricades required<br><input type="checkbox"/> <input type="checkbox"/> Safety plan | <b>Yes/No</b><br><input type="checkbox"/> <input type="checkbox"/> Utilities supported<br><input type="checkbox"/> <input type="checkbox"/> Utilities isolated | <b>Yes/No</b><br><input type="checkbox"/> <input type="checkbox"/> Dewatering complete<br><input type="checkbox"/> <input type="checkbox"/> Excavation is safe to enter |
|---|--|---|

## MONITOR LOG

TIME	LEVEL	%O <sub>2</sub>	%LEL	CO	H <sub>2</sub> S

**COMMENTS:** \_\_\_\_\_

Competent Person signature \_\_\_\_\_

