

Project Information			
Location:		Date/Time:	
Miss Utility Ticket Number:		Date/Time Cleared:	
Excavation Depth:		Required Actions:	
<input type="checkbox"/>	Less than 4 feet or personnel will not be entering	Contact Miss Utility only. Remainder of this assessment form does not need to be completed provided there are no additional hazards, such as potential cave-in, high traffic area, etc.	
<input type="checkbox"/>	Between 4 and 20 feet	Continue completing this form. Keep on file.	
<input type="checkbox"/>	>20 feet	Contact EHS or RPE for special requirements.	
Hazard		Specify Control Measure (N/A if Not Applicable)	
Cave-in: any soil class		<input type="checkbox"/> Trench Box (soil does not have to be classified)	
Cave-in: assume Class C		<input type="checkbox"/> Slope/bench 1 ½ H to 1 V (34°)	
Cave-in: all other situations		<input type="checkbox"/> Contact EHSS or Facilities Safety for guidance	
Surface Encumbrances		<input type="checkbox"/> N/A	<input type="checkbox"/> Removed <input type="checkbox"/> Supported
Underground Installations		<input type="checkbox"/> N/A	<input type="checkbox"/> Protected/supported <input type="checkbox"/> Owner action required
Access/Egress required at 4'		<input type="checkbox"/> N/A	<input type="checkbox"/> Ladder <input type="checkbox"/> Ramp <input type="checkbox"/> Stairs (within 25')
Vehicular Traffic		<input type="checkbox"/> N/A	<input type="checkbox"/> Barricades <input type="checkbox"/> Signs <input type="checkbox"/> Flag person
Falling Loads		<input type="checkbox"/> N/A	<input type="checkbox"/> Personnel clear of equipment being loaded
Mobile Equipment		<input type="checkbox"/> N/A	<input type="checkbox"/> Barricade/stop log <input type="checkbox"/> Signs/flags <input type="checkbox"/> Signalman
Hazardous Atmosphere ___02, ___CO, ___H2S, ___LEL		<input type="checkbox"/> N/A	<input type="checkbox"/> Forced air ventilation <input type="checkbox"/> Respiratory protection <input type="checkbox"/> Continuous air monitoring required
Water Accumulation		<input type="checkbox"/> N/A	<input type="checkbox"/> Pump <input type="checkbox"/> Safety harness with life line <input type="checkbox"/> Diversion <input type="checkbox"/> Drainage
Adjacent Structures		<input type="checkbox"/> N/A	<input type="checkbox"/> Shored <input type="checkbox"/> Braced <input type="checkbox"/> Underpinned <input type="checkbox"/> RPE review
Loose Rock or Soil		<input type="checkbox"/> N/A	<input type="checkbox"/> Spoil piles at least 2' from edge <input type="checkbox"/> Scaling <input type="checkbox"/> Protective barrier <input type="checkbox"/> Benching <input type="checkbox"/> Restraint device
Fall Protection		<input type="checkbox"/> N/A	<input type="checkbox"/> Barricades 6' from edge <input type="checkbox"/> Guardrails on walkways
Security (overnight)		<input type="checkbox"/> N/A	<input type="checkbox"/> Fencing/barricades <input type="checkbox"/> Holes covered <input type="checkbox"/> Warning signs <input type="checkbox"/> Lighting
Personal Protective Eqpt.		<input type="checkbox"/> N/A	<input type="checkbox"/> Work boots <input type="checkbox"/> Hard hat <input type="checkbox"/> Safety glasses
ENTRY AUTHORIZATION			
Competent Person:			
In case of emergency:		<input type="checkbox"/> Dial 911 <input type="checkbox"/> Dial 231-6411 (cell) <input type="checkbox"/> Radio base station	



EXCAVATION INSPECTION LOG

Date/Time Weather	Inspection Results	Corrective Action(s) taken (describe):
	<input type="checkbox"/> All conditions acceptable <input type="checkbox"/> Hazardous condition detected (specify):	<input type="checkbox"/> No corrective action(s) required at this time. <input type="checkbox"/> Corrective action required (specify):
	<input type="checkbox"/> All conditions acceptable <input type="checkbox"/> Hazardous condition detected (specify):	<input type="checkbox"/> No corrective action(s) required at this time. <input type="checkbox"/> Corrective action required (specify):
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