



DAILY EXCAVATION INSPECTION FORM

Name of Excavation Competent Person:		Date of Inspection:
Excavation/Trench location:		
Depth:	Width:	Date Opened:
Soil classification: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		

Indicate, by marking the appropriate test column below, how the soil classification was made.

Manual test(s)	Cohesive Unfissured (Results Achieved)	Cohesive Fissured (Results Achieved)	Granular (Results Achieved)
a) Plasticity			
b) Dry Strength			
c) Thumb Penetration			
d) Pocket Penetrometer			
e) Other			

Visual test(s) Do as many as possible

	Cohesive	Granular
Spoil Pile	Remains in clumps <input type="checkbox"/>	Breaks up easily <input type="checkbox"/>
Trench Side	Stands vertical for over 2 hours <input type="checkbox"/>	Sloughs into trench <input type="checkbox"/>

The excavation is properly (select one):

Shored (indicate the type of shoring):	<input type="checkbox"/> Closed <input type="checkbox"/> Open <input type="checkbox"/> Wood <input type="checkbox"/> Metal		
Sloped (indicate the slope):	<input type="checkbox"/> Vertical <input type="checkbox"/> 3/4: 1 <input type="checkbox"/> 1:1 <input type="checkbox"/> 1 1/2 <input type="checkbox"/> 2:1		
Excavation Checklist	Morning	Mid-Day	Afternoon
Time:			
Weather:			
Is atmospheric testing required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is atmospheric testing done?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is the spoil pile back 3' from the edge?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Have surface encumbrances been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are there any signs if sloughing or cave-in?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there water accumulation in the bottom?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Any vibration sources near the excavation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there adequate access/egress (ladder, ramp)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Has the soil been disturbed previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Sides:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Top:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If the excavation is over 20 feet deep, has a P.E. design been documented and compiled with?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A