Daily Trenching/Excavation Log
This log is to be maintained and on site for review

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<tr>
<th>Date:</th>
<th>Competent person’s Name:</th>
<th>Contact number:</th>
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Signature of the competent person’s _____________________________________________

Weather:          Project:     

Utilities have been identified before digging a trench/excavation: Yes____

Protective system: Trench shield(box) ______ Wood shoring ______ Sloping_______ Hydraulic jacks ______
Other ____________________________________________

Purpose of trenching: Drainage______ Water_______ Sewer_______ Gas_______
Other ____________________________________________

Visual soil tests made: Yes____
Manual soil test made: Yes____
Explain what method was used:

Type of soil: Stable Rock______ Type A______ Type B______ Type C_____

Surface encumbrances: Yes_______ No_______
If yes, what type?

Water conditions: Wet_______ Dry_______ Submerged_______

Hazardous atmosphere exists: Yes_______ No_______
(if yes, follow confined space entry procedures policy, complete Confined Space Entry Permit, monitor for toxic gas(es)

Is trenching/excavation exposed to public vehicular traffic (exhaust emission): Yes_______ No_______
(if yes, refer to confined space entry procedures; complete Confined Space Entry Permit; monitor for toxic gas(es)

Are employees exposed to public vehicular traffic: Yes _________ No _________
(if yes, warning vests required)

Measurements of trench: Depth_______ Length_______ Width_______

Ladder is in the trench/excavation and is within 25 feet of the workers: Yes _________

Excavated material stored two feet or more from edge of excavation: Yes_______

Does sewer or natural gas lines propose a potential atmosphere or fire hazard: Yes_______ No_______
(If yes, refer to confined space entry procedures policy, complete Confined Space Entry Permit; monitor for toxic gas(es))

Periodic inspection: Yes _________ No _________
If yes, how often

Do employees on site working with or in have excavating training?: Yes _________ No _________

Is the trench/excavation turned over to another competent person? Yes_______ No_______
(If yes, Name________________________ Signature __________________ Contact Number __________)

Trench/Excavation is inspected and found to be acceptable:

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