

EXCAVATION & TRENCHING SAFETY INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Site Conditions

- Yes No — Excavation area is properly marked and secured
- Yes No — Soil type identified and appropriate protective system selected
- Yes No — Adjacent structures protected from collapse or undermining
- Yes No — Spoil piles kept at least 2 feet from excavation edge

Protective Systems

- Yes No — Shoring, shielding, or sloping is correctly installed
- Yes No — Protective system inspected daily by competent person
- Yes No — Protective materials and equipment are in good condition
- Yes No — No signs of movement, failure, or stress in protective system

Access & Egress

- Yes No — Ladders or ramps provided within 25 feet of all workers
- Yes No — Safe access maintained at all times
- Yes No — Egress routes free from obstructions and hazards

Atmospheric Hazards

- Yes No — Air quality tested for oxygen levels, toxic gases, or flammables
- Yes No — Ventilation provided if hazardous atmospheres are present
- Yes No — Continuous monitoring in areas with potential risks

Water & Utilities

- Yes No — Excavation free from standing water or seepage
- Yes No — Dewatering systems in place and functioning
- Yes No — Underground utilities located and protected

Worker Safety Practices

- Yes No — Workers wear required PPE (helmets, vests, boots, etc.)
- Yes No — No workers present outside protective systems in excavation
- Yes No — Equipment kept away from excavation edges
- Yes No — Spotters used when operating equipment near excavation

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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