

Excavation and Trenching Safety Inspection

Date

Time

Location

Inspector Name

Purpose of Inspection

Item	Yes	No	Comments
Competent person on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Utilities located & marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Access/egress provided (ladders/ramps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Protective systems in use (shoring/shielding/sloping)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No water accumulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Materials 2 feet from edge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Atmospheric hazards tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Protective equipment available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Daily inspection documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Hazards Noted

Corrective Actions Taken

Additional Comments

Inspector Signature

Date