



Excavation & Trenching Template

Project Title:

Date:

SSHO Name:

Plan Preparer:

Project Location (be specific):

Instructions: Complete the form and answer the questions below. Be as specific as possible. If more space is needed to adequately explain scenarios / equipment / means and methods, please use additional space provided at the back of plan.

General Conditions

Anticipated depth of excavation / trench:

Feet in depth

Excavation / Trench dimensions: Width:

Length: Feet **Have overhead hazards (e.g., powerlines, tree limbs) been identified?**

Width: Feet **Has traffic flow, barricades, and signage been addressed?**

Is this excavation / trench be considered a confined space? If yes, please reference the separate confined space plan. Yes No

Will the excavation / trench atmospheric conditions be tested daily? Yes No

If yes, please explain:

Note: Any excavation / trench that exceeds 4' in depth will require atmospheric testing at the beginning of each work shift

Will ventilation be supplied inside the excavation / trench?

If yes, please explain:

Has a soil classification been conducted to determine soil type?

If yes, which methods were used to determine soil type (choose two):

Visual test **Pocket penetrometer**

Thumb penetration test **Ribbon test**

Plasticity test

Dry strength test

As a result of the selected soil classification tests listed above, soil is considered (choose one):

Stable rock

"Type A" - unconfined comprehensive strength of 1.5 tsf or greater

"Type B" - unconfined comprehensive strength of 0.5 -1.5 tsf

"Type C" - unconfined comprehensive strength of 0.5 tsf or less

Note: Reference OSHA 1926 Subpart P, Appendix A for soil classification definitions

Description of safe work practices and anticipated work inside the excavation / trench:

Personnel

Competent Person(s) [print name]:

Qualified Person(s) (if required)* :

*Note: In the event that Excavation / Trenching activities exceed 20 feet in depth, a Qualified Person is required for excavation / trench design and protective systems. Attach a copy of the Competent Person's credentials.

Competent person will conduct a safe work practices briefing including any job-related hazards. List name of attendees below (to be completed on site):

Print Name:	Print Name:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Competent Person
 Signature: _____
 Date: _____

Protection Methods & Systems

Choose the method of protection below that will be implemented (may choose more than one):

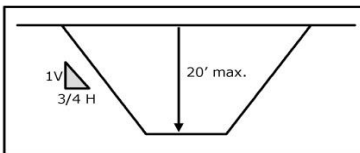
Sloping:

¾ to 1 - Type A Soil

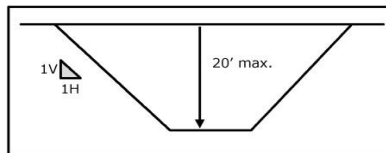
1 to 1 - Type B Soil

1½ to 1- Type C Soil

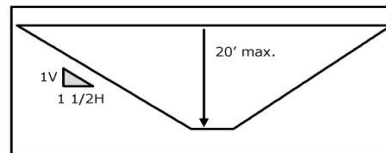
Excavations in type A soil



Excavations in type B soil



Excavations in type C soil



Benching:

Note: Benching in class C soil is prohibited

Shoring:

Note: a copy of the manufacturer's tabulated data must be provided. Please attach a copy to this plan.

Shielding:

Note: a copy of the manufacturer's tabulated data must be provided. Please attach a copy to this plan.

Additional Comments:

Note: if excavation / trench depth exceeds 20' in depth, please attach a copy of the engineered excavation / trench design and protective systems.

Access & Egress

Choose the method of access / egress below that will be implemented (may choose more than one):

Portable ladder(s) placed within 25 feet of lateral

Travel Ramp(s) placed within 25 feet of lateral travel

Other means of access / egress:

Explain in detail:

Affected Zone, Traffic & Utilities

Have utilities been located by a utility locate company? Yes No
If no, **STOP**. Utility locates must be performed before digging is initiated.

Is a digging permit required in this area or on this project? Yes No
If yes, please attach a copy of the permit to this plan

Will utility lines (overhead or underground electrical / water / steam / sewer / storm / etc.) be present? Yes No

If yes, explain:

Will any surface encumbrances be located within the affected zone of the trench? Yes No

If yes, explain method of support / protection:

Will utility shutdown / shut off / or lock out tag out be required? Yes No
If yes, reference the separate Hazardous Energy Control Plan

Will spoil piles remain a minimum 2' from the excavation / trench edge? Yes No

If no, will spoils be transported off site? Yes No

If yes, are environmental controls in place to reduce runoff? Yes No

Will the excavation / trench be left open overnight?

Yes

No

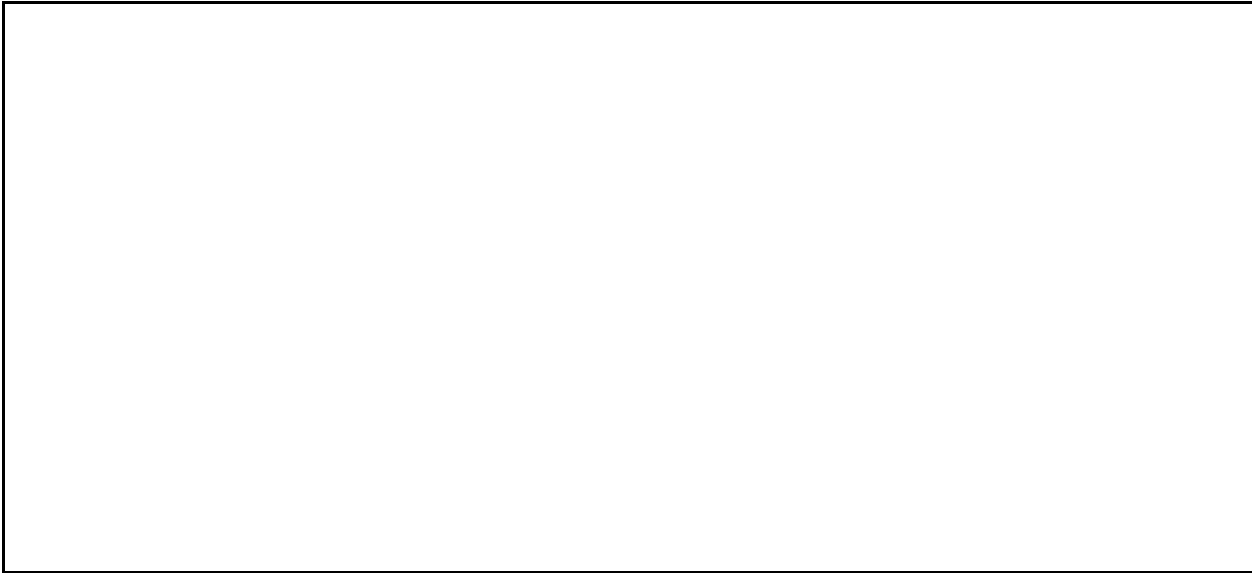
If yes, describe methods to secure the excavation area from the public or bystanders:

Will worker(s) accessing or working from the trench be exposed to vehicle traffic?

If yes, please reference separate Traffic Control Plan.

Excavation / Trench Sketch

In the space below please include a sketch or diagram of the excavation / trench. Be sure to include any surface encumbrances and perimeter protection.



De-Watering

Is it anticipated that de-watering will be needed / implemented?

If yes, explain equipment and procedures below.

Is the excavation located next to a body of water (ocean, lake, stream, etc.)?

If de-watering is implemented, how will water discharge be conducted (explain below):

Additional Notes:

PSM

Approvals / Review

Competent Person(s) (signature):

Date:

Qualified Person(s) (signature):

Date:

Site Safety & Health Officer: (Signature)

Date: