



EXCAVATION PERMIT

NO EXCAVATION 48 INCHES OR DEEPER MAY BEGIN UNTIL PERMIT IS COMPLETED, CHECKED, AND SIGNED BY A COMPETENT PERSON

Date:		Work Order # :		Department:		Division:	
Expiration	Date:	Time Work Started:		Time Permit Canceled:		Time Area Secured:	
	Time:						
Specific Location: (Permit valid at this location only)							
For rescue and emergency services call or radio: (Specify organizations/numbers or radio/names)							
Date & Time DIGTESS Notified: _____				Locate Completed:		Yes No	
Excavation may begin: two hours after notification in an emergency or 48 hours otherwise.							
Soil Classification:		Solid Rock		A		B C	
Previously excavated = C							
Type of Protective System Employed:		Sloping		Benching		Shielding Shoring Other (Specify): _____	
(Circle all that apply)							
Sloping or Benching Angle:		90°		3/4H : 1V		1H : 1V 1 1/2H : 1V	
(Circle One) N/A							
Shoring Information:		Depth of Trench _____		Width of Trench _____			
N/A		Maximum Horizontal Spacing _____		Maximum Vertical Spacing _____			
Current hazards of the excavation:							
Measures used to eliminate or control hazards:							
Any other information particular to this excavation needed to assure employee safety:							
Other permits required prior to entry:							
Work to be completed:							

Gas	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials
O2 19.5 - 23.5										
LEL < 10%										
CO < 35 ppm										
H2S < 10 ppm										
Other										
Gas	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials	Reading Time/Initials
O2 19.5 - 23.5										
LEL < 10%										
CO < 35 ppm										
H2S < 10 ppm										
Other										

Daily Excavation Inspection Checklist

Excavations are inspected daily (frequently during wet conditions). Eliminate any hazard with a "No" answer

1. All safety measures and information from page 1 are still in effect	Yes	No	N/A
2. Competent person has authority to remove workers from excavation immediately	Yes	No	N/A
3. Surface hazards (trees, sidewalks, foundations, etc.) are supported or removed	Yes	No	N/A
4. Spoils, materials, and equipment are set back a minimum of 3' from the edge of the excavation	Yes	No	N/A
5. Hard hat, safety vest, gloves, eye protection, and approved footwear are worn by each employee	Yes	No	N/A
6. Barriers provided at all remote excavations, wells, pits, shafts, etc	Yes	No	N/A
7. Walkways and bridges over excavations 6' or more in depth equipped with guardrails	Yes	No	N/A
8. Employees prohibited from working or walking under suspended loads	Yes	No	N/A
9. Employees prohibited from working on faces of sloped or benched excavations above others	Yes	No	N/A
10. Warning system established and used when mobile equipment is operating near edge	Yes	No	N/A
11. Utility locates are marked	Yes	No	N/A
12. Underground mains, drains, etc. are protected, supported, or removed while excavation is open	Yes	No	N/A
13. Precautions are taken to protect employees from accumulation of water	Yes	No	N/A
14. Water removal equipment monitored by competent person	Yes	No	N/A
15. Surface water controlled or diverted	Yes	No	N/A
16. Inspection made after each rainstorm	Yes	No	N/A
17. Atmosphere tested when there is a possibility of a hazardous atmosphere	Yes	No	N/A
18. Employees prevented from entering or told to exit when a hazardous atmosphere is detected	Yes	No	N/A
19. Ventilation provided when hazardous atmospheres are detected	Yes	No	N/A
20. Safety harness & life line individually attended when employees enter deep confined excavation	Yes	No	N/A
21. Ladders are used for any excavation 4 feet or more in depth			
22. Ladders extend at least 3' above the excavation are secured	Yes	No	N/A
	Initials Date/Time	Initials Date/Time	Initials Date/Time
Reinspection Completed			
Reinspection Completed			
Reinspection Completed			

Competent Person Name

Signature

Date