



DAILY TRENCH AND EXCAVATION LOG

Date _____ Inspected By _____

Project _____

Protective System Used: Trench Box Wood Shoring Sloping

Other: _____

Visual Soil Test Made: Yes No Type: _____

Soil Type: _____

Soil Strength: _____

Water Conditions: Wet Dry Submerged

Does Hazardous Atmosphere Exist? Yes No

(If Yes, Follow Confined-Space Entry Procedure)

Trench/Excavation Measurements: Length _____

Width _____

Depth _____

Ladder Available Within 25 Feet of All Workers? Yes No

Spoil Pile (Excavated Material) No Less than 2 Feet from Edge? Yes No

Other Material Protected from Falling into Trench/Excavation? Yes No

Workers Exposed To Vehicular Traffic Wearing DOT Vest? Yes No

Utilities or Structures Protected? Yes No

Sewer and Gas Lines Exposed? Yes No

(If Yes, Follow Confined-Space Entry Procedure And Monitor for Toxic Atmosphere)

Periodic Inspections Made? Yes No Date of Last Inspection: _____

Workers Have Received Training in Trench/Excavation Safety? Yes No

Other Information of Remarks _____
