

SOIL CLASSIFICATION & EXCAVATION DAILY INSPECTION

Jobsite Location: _____ Date & Time of Inspection: _____

Competent Person's Name: _____ Excavation Location and/or #: _____

Excavation Depth & Length: _____ Contractor : _____

Note: if excavation/trench depth is greater than 20' and sloping is to be used for employee protection, this must be designed by a Registered Professional Engineer. If a manufactured trench box, hydraulic shores, etc. are used the equipment must be rated for the depth intended (manufacturers tabulated data) and the data present on the project.

I. Site Conditions (Answer Questions 1-14 Yes/No or N/A)

- | | |
|--|---|
| <p>1) _____ Weather acceptable</p> <p>2) _____ Water Accumulation</p> <p>3) _____ Vibration Sources</p> <p>4) _____ Proper sloping / benching used.</p> <p>5) _____ Surface encumbrances</p> <p>6) _____ Underground utilities located / protected.</p> <p>7) _____ Means of egress: (Ramp, Stair, Ladder)</p> <p>8) _____ Employees exposed to vehicular traffic.</p> | <p>9) _____ Employees exposed to falling load</p> <p>10) _____ Hazardous atmosphere considered.</p> <p style="margin-left: 20px;">a) _____ Oxygen >19.5% <23%</p> <p style="margin-left: 20px;">b) _____ LEL <10%.</p> <p style="margin-left: 20px;">c) _____ Carbon monoxide < 35 PPM.</p> <p>11) _____ Protection from water accumulation hazards.</p> <p>12) _____ Adjacent structures stable.</p> <p>13) _____ Excavated soil >2 feet from excavation edge.</p> <p>14) _____ Equip/materials >2 feet from excavation edge</p> |
|--|---|

II. Soil Analysis and Classification (One visual & One Manual Test Required Per Excavation)

Refer to OSHA 29 CFR 1926 Subpart P App A - Soil Classifications

Visual Test /Soil Characteristics: (check all that apply)

- | | | | | |
|-----------------------------------|-----------------------------------|--------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Cemented | <input type="checkbox"/> Cohesive | <input type="checkbox"/> Dry | <input type="checkbox"/> Fissured | <input type="checkbox"/> Saturated |
| <input type="checkbox"/> Granular | <input type="checkbox"/> Layered | <input type="checkbox"/> Moist | <input type="checkbox"/> Plastic | <input type="checkbox"/> Submerged |

Manual Test Used: (check all that apply)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Plasticity | <input type="checkbox"/> Dry Strength | <input type="checkbox"/> Thumb Penetration |
| <input type="checkbox"/> Pocket Penetrometer | <input type="checkbox"/> Drying Test | <input type="checkbox"/> Shearvane |

III. Soil Classification (Based on Testing Above)

- Stable Rock Type A Soil Type B Soil Type C Soil

IV. Protective System Options

Sloping or Benching Design Selected (check applicable option using table B-1 of 29 CFR 1926 Subpart P App B)

- Option (1) slope is 1 ½:1. **(SLOPED FOR CLASS C SOIL WITHOUT SOIL DETERMINATION) – No Benching Permitted**
- Option (2) Slope is _____ Based on Soil type and configurations in Table B-1
- Sloped the following based on Layered Soil type and configuration in Table B-1 _____

Support Design Selected: (check applicable option using 29 CFR 1926 Subpart P App C-F)

- Trench Shields (trench box) - Manufacturer Name _____ **DATA MUST BE ON SITE**
- Timber Shoring (Per OSHA appendix C)
- Aluminum Hydraulic Shoring – Manufacturer Name _____ **DATA MUST BE ON SITE**
- Registered Professional Engineer Design – **STAMPED DESIGN MUST BE PRESENT ON SITE**
- Other: _____ **- STAMPED DESIGN AND DATA MUST BE ON SITE**

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