

UNIVERSITY OF CONNECTICUT
TRENCH SAFETY DAILY FIELD REPORT

DATE:

WORK ORDER NUMBER:

Project name:

Competent person:

Project Supt:

Location:

Weather Condition:

Rainfall amounts 24 hrs. previous:

I hereby attest that the following conditions existed and that the following items were checked or reviewed during this inspection: (circle appropriate response)

1. Open trench was inspected. _____ Y N
2. All excavated material located proper distance from toe of slopes _____ Y N
3. Were any tension cracks observed along top of any slopes? _____ Y N
4. Were slopes cut at design angle of repose? _____ Y N
5. Was any water seepage noted in trench walls or trench bottom? _____ Y N
6. Was bracing system installed in accordance with design? _____ Y N
7. Was there evidence of shrinkage cracks in trench walls? _____ Y N
8. Was there any evidence of caving or sloughing of soil since the last field inspection? _____ Y N
9. All short-term trench(s) covered within 24 hours? _____ Y N
10. Trench box(s) certified? _____ Y N
11. Type shoring being used:
12. Did shoring plan include adequate safety factor to allow for equipment actually being used? ____ Y N
13. Traffic in area adequately away from trenching operations with barricades? _____ Y N
14. Trees, boulders or other hazards in area. _____ Y N
15. Vibrations from equipment or traffic too close to trenching operation? _____ Y N

Competent Person Signature

Date