



TRENCHING & EXCAVATION EVALUATION & WORK PLAN

Employer's Name: _____ Date: _____

Jobsite Name/Address: _____

Name of a competent person remaining onsite during the excavation? _____
(If there is more than one competent person on the jobsite, you may use the back of this form to list.)

	YES	NO*
Do you have training or knowledge in soils classification for Class A, B, C, and stable rock?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have training or knowledge in use of protective systems such as shoring, benching, shielding, sloping and engineering?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have training or knowledge in the requirements of Chapter 296-155 WAC, Part N, Excavation, Trenching and Shoring?	<input type="checkbox"/>	<input type="checkbox"/>
Did you obtain line locates for the area of the excavation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have authority to stop work until hazards are corrected, eliminated or controlled and to remove employees from the hazardous area until proper systems are in place?	<input type="checkbox"/>	<input type="checkbox"/>

**If any of the questions above are marked as "NO" ~ you must stop here. This document must be completed by the COMPETENT PERSON, as described in Chapter 296-155-650 WAC, Part N, Excavation, Trenching and Shoring.*

Equipment Used:	<input type="checkbox"/> Hydraulic shoring installed per MFG requirements. MFR: _____ Serial #: _____ <input type="checkbox"/> Trench box <input type="checkbox"/> Engineered System Name of engineer: _____
Conditions:	Soil Classification: <input type="checkbox"/> Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/> Stable Rock Underground Installations: <input type="checkbox"/> Gas <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Electric <input type="checkbox"/> Communications <input type="checkbox"/> Other: _____ How will underground installations be protected when the trench is open? _____ Hazardous Atmospheres <input type="checkbox"/> Continuous monitoring for Oxygen, H2S, CO and LEL <input type="checkbox"/> Ventilations fans <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____
Surface:	Describe the method of protection from surface encumbrances: Describe the method of stabilizing adjacent structures:
Hazard Protection:	Describe the method of protection from water accumulation, loose soil, rock, or equipment that could pose a hazard by falling or rolling into the excavation:
Access & Exiting Trench:	Trench access / egress: <input type="checkbox"/> Ladder placed every 25' <input type="checkbox"/> Taper or slope suitable for walk-out every 25' Please describe the method of protecting employees from cave-ins when entering or exiting the areas protected by shields:
Shoring Plan:	Please describe system(s) used and its installation, removal, and protective measures: Note: Excavations greater than 20' require a RPE stamped drawing. Soils engineer indicating trench work is safe.
Inspections:	Please describe the frequency of inspections of trench excavations:

**THE WORK PLAN MUST BE KEPT ON THE JOBSITE
AND MADE AVAILABLE TO THE DEPARTMENT IMMEDIATELY UPON REQUEST.**