SOIL SAMPLING EXCAVATION CHECKLIST—Required for pits deeper than 4 feet

Date ___/___/____ Competent Person _______________________________   ______________________

Name                                              Title

Location ________________________________Weather Conditions ____________________________

_________________________________
UTM coordinates

or    ______________   _____________                         ___________________    ________________

Latitude              Longitude                                        Sample No.                  Soil Name

ITEM                                                     Yes   No              Action Required__________

1. Have you scheduled online at http://ontry.1-call.com/ prior
to digging (preferred) or called 811 or 1-800-DIG-TESS?     ___  ___    _____________________________

2. Have underground utilities been identified?                         ___  ___    _____________________________

3. Is a competent person (as defined by OSHA) in charge
and present at site?                                                                  ___  ___    _____________________________

4. Are all participants wearing hard hats?                                 ___  ___    _____________________________

5. Are there surface hazards (overhead lines, etc.)?                  ___  ___    _____________________________

6. Is there danger from adjacent structures?                             ___  ___    _____________________________

7. Is there traffic or other vibration nearby?                             ___  ___    _____________________________

8. Does mobile equipment have a warning system?               ___  ___    _____________________________

EXCAVATION MAY BEGIN AT THIS TIME

9. Has competent person made soil determination?                    ___  ___    _____________________________

10. What is soil type (OSHA system)?                               ___  ___    _____________________________

11. Is excavation more than 5 feet deep? If yes, need shoring. ___  ___    _____________________________

12. Is there water in excavation?                                   ___  ___    _____________________________

13. Does procedure require benching (A or B type soil only)? ___  ___    _____________________________

14. Does procedure require shoring, shielding, or sloping?      ___  ___    _____________________________

15. Is ingress/egress less than 25 feet from work area in pit?   ___  ___    _____________________________

16. Are hazardous atmospheres or confined spaces present?   ___  ___    _____________________________

17. Is a hydrogen sulfide gas detector onsite and operational? ___  ___    _____________________________

18. Is tabulated data with registered professional engineers’
identification for shoring system available at job site?           ___  ___    _____________________________

19. Are daily excavation inspections performed and
documented?                                                          ___  ___    _____________________________

_________________________________   _______________
Signature of competent person                                              Date

Signature of each participant at site. Signing your name below means that you agree to follow the
guidelines set by the competent person at the site.

                                                                                   ____________________________
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