Excavator Checklist

Date:__________________ Time:__________________ Location:__________________________

Qualified person(s) responsible for jobsite:________________________________________

Are existing utilities marked: _____Yes_____No If so, have they been located?:________________________

Depth of excavation:__________________ Width of excavation top:____________________

Width of excavation bottom:__________

Employee’s in excavation: _____Yes_____No If yes, to what depth:______________________

Ladder in excavation: _____Yes_____No Ramp used: _____Yes_____No

Means of protection (circle): Sloping Shoring Sheetig Trench Box & Plates:_________________

Consult MITA Trench Safety Handbook for Shoring Designs

Spoils back 2’: _____Yes_____No

Water in excavation: _____Yes_____No If yes, controlled by what means____________________

Penetrometer readings: Top___________ Middle____________________ Bottom____________________

Type of soil:________________________________________________________________________

If a trench box was used, how high off the bottom of excavation____________________________

Size & type of utility installed:________________________

Overhead lines present: _____Yes_____No If yes, how close:_______________________________

Designated spotter used: _____Yes_____No Who:________________________________________

Manholes covered: _____Yes_____No

Annual inspection of excavator available: _____Yes_____No

Danger swing stickers in place: _____Yes_____No

Fire extinguisher in all cabbed equipment: _____Yes_____No

Back-up alarm(s) functional: _____Yes_____No

Chains, slings, and wire rope checked for deficiencies: _____Yes_____No

Safety latches on lifting hooks: _____Yes_____No

All employees wearing hard hats: _____Yes_____No

Monitor on site to test confined spaces: _____Yes_____No

Are barricades and signs needed: _____Yes_____No

(draw a diagram of what was in place on the back of this form)

Comments:________________________________________________________________________

Signed:___________________________ Signed:___________________________

Safety Manager Qualified Person

Determining Proper Angle of Repose

1. Solid Rock Formation (90°)
2. Fractured Rock Formation (75°) 1/4:1
3. Stiff Clay (63°) 1/2:1; 2.5 TSF minimum
4. Firm Clay (56°) 2/3:1; 1.5 TSF minimum
5. Granular Soil - Dry (45°) 1:1; 1.0 TSF minimum
6. Granular Soil - Wet (34°) 11/2:1; <1.0 TSF
7. Saturated Granular Soil (26°) 2:1
8. Running Soil (18°) 3:1

Excavator Checklist

W = 4'

10'

2'

4'

H = 7'

TANG < -H/W = 7/4 = 1.76 = 60° Angle

< x

< x

Safety Manager

Qualified Person