

**WIELAND-DAVCO CORPORATION
DAILY EXCAVATION SAFETY CHECKLIST**

EXCAVATION LOCATION _____

DEPTH: _____ WIDTH: _____ LENGTH: _____

SOIL TYPE: _____

ITEMS	CONDITIONS	COMMENTS
SLOPE RATIO TO		
SHORING		
SHIELDING		
BARRICADES		
WATER REMOVAL		
TRAFFIC CONTROL		
SPOIL PILE		
WEATHER CONDITION		

ATMOSPHERIC CHECK RESULTS (IF APPLICABLE)

OXYGEN	EXPLOSIMETER	TOXICS	TIME	INITIALS
%	%	PPM		
%	%	PPM		
%	%	PPM		
%	%	PPM		
%	%	PPM		
%	%	PPM		
%	%	PPM		
%	%	PPM		
%	%	PPM		

COMPETENT PERSON: _____
(Print) (Sign)

DATE: _____

TIME OF INITIAL/SUBSEQUENT INSPECTION:
(circle one) _____