EXCAVATION SAFETY CHECKLIST

**For excavations with personnel entry (Sections B & C,) this form is completed daily**

**Date: Time:**  AM  PM **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section A. COMPLETED PRIOR TO ALL EXCAVATIONS**  **811 or State “One Call” – 1 - ( 800 ) - \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_**  **Add the name of the person assigned to the task. One Call Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | **Yes** | **No** | **N/A** |
| Has proposed dig area been marked with white paint, flags, or stakes (whichever is most visible for the terrain). | | | | | | |  |  |  |
| Has One Call system been performed within the time frame specified by individual state regulations prior to the anticipated start of work to identify underground utilities for any soil disturbance to depths greater than the depth mandated by local regulatory requirements including driving of objects (i.e., fence posts, grounding rods, pick or bar use). | | | | | | |  |  |  |
| Has a line locate on MRO site been performed (e.g. well pads) irrespective of depth except as noted below.  **Note:** Where only surface materials (gravel, caliche etc.) that are on company owned locations are being removed with manual tools or by means of vacuuming not to exceed 3" in depth a line locate is not required. | | | | | | |  |  |  |
| Has identified any overhead electrical lines to prevent contact with equipment. | | | | | | |  |  |  |
| Has reviewed all flowline maps (if available), identified and marked by painting or flagging any buried utilities. | | | | | | |  |  |  |
| Has identified, protected, supported or removed underground and surface utility installations. | | | | | | |  |  |  |
| Has electrical and instrument underground cable system been identified and marked | | | | | | |  |  |  |
| Has isolated and locked and tagged out all energy sources in accordance with Marathon’s guidelines. | | | | | | |  |  |  |
| Has identified potential vehicular traffic and has issued safety vests to excavation personnel. | | | | | | |  |  |  |
| Has incorporated warning systems (i.e., hand signals, barricades, stop logs, etc.). | | | | | | |  |  |  |
| Will back-fill or barricade of the excavation be performed as soon as work is completed | | | | | | |  |  |  |
| Has the DOT Pipeline Inspection Form been completed (if applicable) | | | | | | |  |  |  |
| Has wand water pressures been verified as appropriate and within asset requirements (if vacuum excavating (i.e. Hydro-excavating)). | | | | | | |  |  |  |
| Has buried cathodic protection system equipment been located to protect the integrity of the system | | | | | | |  |  |  |
| Is the excavation occurring on or within 75 feet of an established or known utility right-of-way, if so see additional precautions in step 3.2.7 of the Excavation Procedure | | | | | | |  |  |  |
| Has state regulatory been consulted on tolerance zones to determine the distance between potholes prior to the start of the project | | | | | | |  |  |  |
| Have Pipelines been marked for fence crossings | | | | | | |  |  |  |
| **Completed by:** | | | | | **Date:** | | | | |
| **Section B. PERSONNEL ENTRY INTO EXCAVATIONS GREATER THAN 24” DEEP AND 18” WIDE OR WHEN THE HEAD WILL**  **BREAK THE PLANE OF EXCAVATION** | | | | | | | | | |
| **An Excavation Competent Person completes Sections B and C of the checklist before any personnel entry. Any unsafe condition** (noted by a shaded box) **requires correction before personnel enter the excavation.** | | | | | | | **Yes** | **No** | **N/A** |
|  | Does the excavation contain, or have the potential to contain, a hazardous atmosphere or any other serious safety hazards?   * If YES, a **Safe Work Permit** is completed by a Permit Issuer. Attach this checklist to the Safe Work Permit. * If NO, proceed to question 3. | | | | | |  |  |  |
|  | When **all** of the conditions below are met, are rescue provisions in place?   * The excavation is four (4) feet or more in depth; **and** * Has limited or restricted means for access/egress (use of earthen ramp or steps cut/sloped 1 ½ : 1 or less is not considered restricted, however, a ladder would be considered restricted); **and** * Contains or has the potential to contain a hazardous atmosphere. * If YES, section J of the **Safe Work Permit** is completed by a Permit Issuer. | | | | | |  |  |  |
|  | Is the spoil pile at least two (2) feet from the edge of the excavation or are retaining devices being used to prevent materials/equipment from falling into the excavation? | | | | | |  |  |  |
|  | For excavations four (4) feet or more in depth, is a sloped ramp, steps, or a ladder provided for egress? | | | | | |  |  |  |
|  | If ladders are used, do they extend at least three (3) feet above the surface and are they secured? | | | | | |  |  |  |
|  | Are exits located so as not to require more than twenty-five (25) feet of lateral travel by personnel? | | | | | |  |  |  |
|  | If water removal equipment is used, is it monitored by the Excavation Competent Person? | | | | | |  |  |  |
|  | Is the excavation inspected by an Excavation Competent Person daily and after every rainstorm or other hazard increasing occurrence? | | | | | |  |  |  |
|  | If the excavation is **five (5) feet or more deep**, is it properly sloped, shored or is a trench box used? *Slope is based on soil classification* | | | | | |  |  |  |
| 10. | If the excavation has potential to cave-in on personnel **(regardless of depth),** is it properly sloped, shored or is a trench box used? | | | | | |  |  |  |
| 11. | Are areas of the excavation that are not properly sloped or shored (*per* *standard Sect.4.9*) visibly barricaded to prevent personnel entry? | | | | | |  |  |  |
| **Section C. SOIL CLASSIFICATION** | | | | | | | | | |
| 12. | Soil Type:  Stable Rock  Type C **For Type A or Type B Soil, complete Numbers 13 through 17**. | | | | | | | | |
|  | **Minimum of 1 Manual Test and 1 Visual Test Required for Type A or Type B Soil Classification** | | | | | | | | |
| 13. | **Manual Test**:  Plasticity  Dry Strength  Thumb Penetration  Instrument Test  Drying Test | | | | | | | | |
| 14. | **Visual Test** (observe the…) | | Soil during excavation.  Samples of the soil that are excavated and soil in the sides of the excavation.  Side of the opened excavation and the surface area adjacent to the excavation.  Adjacent area and excavation for evidence of surface water, location of water table, etc.  Opened side of the excavation to identify layered systems.  Adjacent area and excavation for evidence of existing utility, etc. to identify previously disturbed soil.  Adjacent area and excavation for sources of vibration that may affect the stability of the excavation face. | | | | | | |
| 15. | **Check any indications of the following**:  Layered Systems  Vibrations  Water  Slopes  Fissures | | | | | | | | |
| 16. | **Potential for Cave-in?**  Yes  No | | | | | | | | |
| 17. | **Soil Type:**  Type A  Type B | | | | | | | | |
| **SLOPING, BENCHING OR TRENCH BOX** *Required for any excavation that has potential to cave-in on personnel and all excavations 5’ or >* | | | | | | | | | |
| 18. | Soil Type A ¾ Horizontal to 1 Vertical  Soil Type B 1 Horizontal to 1 Vertical  Soil Type C - ***Sloped*** - 1½ Horizontal to 1 Vertical  Trench Box (approved for service and unaltered) Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **EXCAVATION COMPETENT PERSON -** *Person requires training as an “Excavation Competent Person” as defined by 29 CFR 1926.650.* | | | | | | | | | |
| 19. | **Name** (*printed*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Time**: \_\_\_\_\_\_\_\_\_\_\_\_  AM  PM | | | | | |
| **RE-INSPECTIONS OF EXCAVATION BY EXCAVATION COMPETENT PERSON** *Attach additional pages as needed.* | | | | | | | | | |
| 20. | Time: | Deficiencies: | | | | Inspected by: | | | |
| Time: | Deficiencies: | | | | Inspected by: | | | |
| Time: | Deficiencies: | | | | Inspected by: | | | |
| Time: | Deficiencies: | | | | Inspected by: | | | |
| Time: | Deficiencies: | | | | Inspected by: | | | |