

NYC / OSHA COMPETENT PERSON EXCAVATION SAFETY CHECKLIST (English Only)

Project Information

Project Name: _____

Location: _____

Date: _____ Time: _____

Competent Person: _____

Employer / Contractor: _____

1. PRE-EXCAVATION VERIFICATIONS

Item	Yes	No
DOB permit obtained (if required)	_____	_____
811 utility mark-outs confirmed	_____	_____
Utility maps available on site	_____	_____
JHA completed and reviewed	_____	_____
Adjacent structures evaluated	_____	_____
Traffic and pedestrian controls in place	_____	_____

2. SOIL CLASSIFICATION

Item	Yes	No
Soil tested and classified	_____	_____
Moisture condition identified	_____	_____
No signs of instability observed	_____	_____

3. PROTECTIVE SYSTEM

Item	Yes	No
Protective system selected (sloping, shoring, shielding, engineered)	_____	_____
System properly installed	_____	_____
No voids or damaged components	_____	_____
System secured and stable	_____	_____
Safe entry/exit provided	_____	_____

4. ACCESS & EGRESS

Item	Yes	No
Ladders within 25 ft of workers	_____	_____
Ladder extends 3 ft above landing	_____	_____
Ladder secured	_____	_____
Ramps/walkways stable and supported	_____	_____

5. ATMOSPHERIC TESTING (If Required)

Item	Yes	No
O ₂ level $\geq$ 19.5%	_____	_____
LEL < 10%	_____	_____
No toxic gases detected	_____	_____
Ventilation not required	_____	_____

6. WATER CONTROL

Item	Yes	No
No standing water present	_____	_____
Pumps operational	_____	_____
No soil seepage	_____	_____

7. SITE CONDITIONS

Item	Yes	No
Spoils placed minimum 2 ft from edge	_____	_____
Barricades or fencing installed	_____	_____
No equipment too close to trench edge	_____	_____
Guardrails installed where required	_____	_____
No excessive vibration sources	_____	_____

8. DAILY INSPECTION FINDINGS

Item	Yes	No
No cracks or fissures observed	_____	_____
No sloughing or sliding	_____	_____
No bulging/heaving at base	_____	_____
No water seepage	_____	_____
Overhead hazards controlled	_____	_____

Corrective Actions

Competent Person Signature:
