

# Excavation Safety Monitoring Form

Project Name

Location

Date

Inspected By

Item	Yes	No	N/A	Comments
Permit to Work Issued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Utilities Identified & Isolated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Edge Protection/Barricades in Place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Access/Egress Provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Atmospheric Testing Conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Shoring/Sloping/Benching Done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Hazards Observed

Corrective Actions Taken/Required

Inspector Signature