SSD-023

EXCAVATION & TRENCHING PERMIT

Authorize excavation only after competent-person review, utility verification, protective-system selection, and required site controls are confirmed.

2 Project Information		**3 Permit Number**	
5 Jobsite Location		**4 Date**	
1 Company Information		**Work Date / Shift**	Date: _____ ☐ Day ☐ Night ☐ Other
6 Description of Excavation Work		**8 Excavation Dimensions (Length, Width, Depth)**	
7 Competent Person Information		**Permit Expiration / Review Time**	

1–12 Permit, Excavation, and Competent Person Information Define the work, location, dimensions, soil, utilities, and protective system.

9 Soil Classification / 10 Protective System Used	11–12 Utility Locate Verification / Underground Utilities Identified
Soil classification: ☐ Stable rock ☐ Type A ☐ Type B ☐ Type C Basis / tests: _____ Protective system: ☐ Sloping ☐ Benching ☐ Shoring ☐ Shielding Design / tabulated data reference: _____	Utility locate ticket / expiration: _____ Locate markings verified: ☐ Yes ☐ No Utilities identified: ☐ Electric ☐ Gas ☐ Water ☐ Sewer ☐ Communications ☐ Other: _____ Potholing / exposure method: _____

Permit Validity This permit applies only to the described excavation, location, conditions, protective system, and authorized work period.

INSPECTION CONTROL	SOIL / SYSTEM	UTILITIES	WATER / ATMOSPHERE	ACCESS / SPOILS	EQUIPMENT / FALL CONTROL
REQUIRED	Classified / installed	Located / protected	Assessed / controlled	Verified / maintained	Clearance / barriers verified

A competent person must inspect the excavation, adjacent areas, and protective systems before work, as conditions change, and after hazard-increasing events.

STOP WORK and remove exposed employees when evidence of a hazardous condition exists, protective systems are inadequate, utilities are uncertain, or the permit conditions change.

13–23 Daily Inspection Checklist and Control Verification Document current conditions, deficiencies, corrective actions, and competent-person acceptance.

DAILY INSPECTION CHECK	REQUIREMENT / ACCEPTANCE CRITERIA	YES	NO	N/A	CORRECTIVE ACTION / NOTES	COMPETENT PERSON / TIME
1	Soil, excavation faces, adjacent areas, and protective system inspected for distress or change			L:__ S:__ R:__	L:__ S:__ R:__	
2	Utility locates current; underground installations exposed, supported, protected, or isolated as required			L:__ S:__ R:__	L:__ S:__ R:__	
3	Protective system installed to approved configuration; shields extend and are used correctly			L:__ S:__ R:__	L:__ S:__ R:__	
4	Water accumulation controlled; weather, runoff, and drainage conditions acceptable			L:__ S:__ R:__	L:__ S:__ R:__	
5	Safe access/egress provided; spoil, materials, and equipment maintained at			L:__ S:__ R:__	L:__ S:__ R:__	

DAILY INSPECTION CHECK	REQUIREMENT / ACCEPTANCE CRITERIA	YES	NO	N/A	CORRECTIVE ACTION / NOTES	COMPETENT PERSON / TIME
	required distance					
6	Heavy-equipment clearance, warning systems, traffic control, and fall protection verified			L:__ S:__ R:__	L:__ S:__ R:__	
7	Atmosphere, PPE, emergency procedures, and employee protection requirements satisfied			L:__ S:__ R:__	L:__ S:__ R:__	

Mark each item Yes, No, or N/A. A No response requires corrective action before affected employees enter or remain in the excavation.

Control Priority: Locate utilities → classify soil and site conditions → control water and surcharge loads → install protective systems → provide access, barricades, PPE, and emergency capability.

8–23 Dimensions, Soil, Protective Systems, Utilities, Site Controls, PPE, and Emergency Planning

10 Protective System / 23 Required Personal Protective Equipment (PPE)	13–20 Site Control Verification
☐ Sloping - angle: _____ ☐ Benching - configuration: _____ ☐ Shoring - system: _____ ☐ Shielding / trench box: _____ ☐ Engineered design attached ☐ Manufacturer tabulated data available ☐ Protective system inspected after change ☐ Hard hat ☐ High visibility ☐ Eye protection ☐ Gloves ☐ Protective footwear ☐ Hearing Other PPE: _____	13 Atmospheric Testing (if required): ☐ N/A ☐ Acceptable 14 Water Accumulation Assessment: ☐ Controlled 15 Access and Egress Verification: ☐ Verified 16 Spoil Pile Distance Verification: _____ ft 17 Heavy Equipment Clearance: ☐ Verified 18 Fall Protection Around Excavation: ☐ Provided 19 Daily Inspection Checklist: ☐ Complete 20 Hazard Assessment: ☐ Reviewed Traffic / public protection: ☐ Verified Adjacent structures / vibration: ☐ Evaluated

13–23 Atmospheric, Water, Access, Spoils, Equipment, Fall Protection, Hazards, and Rescue

13 Atmospheric Testing (if required)	O_2: ____% LEL: ____% CO: ____ ppm H_2S: ____ ppm	**14 Water Accumulation Assessment**	☐ None ☐ Pumping ☐ Diversion ☐ Wellpoint
15 Access and Egress Verification	Ladder/ramp location: _____	**16 Spoil Pile Distance Verification**	Distance: _____ ft ☐ Barrier/retaining device
17 Heavy Equipment Clearance	☐ Warning system ☐ Spotter ☐ Barricade	**18 Fall Protection Around Excavation**	☐ Guardrail ☐ Barricade ☐ Cover ☐ Other
20 Hazard Assessment	Additional hazards / controls: _____	**22 Emergency Rescue Procedures**	Contact / rescue method: _____

Permit References and Supporting Documents

☐ Utility locate ticket / markings	☐ Soil classification record	☐ Protective-system data / design	☐ Atmospheric test record
☐ Daily inspection record	☐ Traffic / equipment plan	☐ Emergency rescue procedures	☐ Other: _____

Permit Change / Stop-Work Trigger

STOP WORK and revise the permit when depth, dimensions, soil, water, weather, vibration, adjacent structures, utilities, spoil loading, equipment,

protective systems, access, traffic, atmospheric conditions, or other site conditions change; after a collapse or near miss; or when an inspection identifies a hazard.

Do not resume until the competent person reassesses conditions, corrects deficiencies, verifies controls, and reauthorizes the work.

Permit Revision / Daily Inspection Number		**Inspection Date / Time**	
Changed Condition / Corrective Action		**Competent Person Verification**	

24–26 Permit Authorization and Approval Signatures confirm the excavation was evaluated and required controls are in place.

AUTHORIZATION / APPROVAL	PRINTED NAME	SIGNATURE	DATE / TIME
24 Permit Authorization			
25 Competent Person Signature			
26 Supervisor Approval			
Emergency / Engineering Review (if required)			

27 Permit Closeout: Confirm the work status, account for outstanding hazards, and document final disposition.

By signing, I confirm that I understand the excavation hazards, protective system, access and egress, equipment clearances, utility controls, PPE, emergency procedures, and stop-work responsibilities.

DAILY INSPECTION / FOLLOW-UP ITEM	RESPONSIBLE PERSON	COMPLETION DATE / TIME	VERIFIED / INITIALS
Pre-shift inspection			
After rain / water event			
After vibration / adjacent activity			
After protective-system change			
Utility exposure / protection check			
Access / spoil / equipment clearance check			
Atmosphere / ventilation check (if required)			
Corrective action follow-up			
Additional inspection			
Comments / reference			

24 Permit Authorization | 25 Competent Person Signature | 26 Supervisor Approval | 27 Permit Closeout | 28 Record Retention

27 Permit Closeout	☐ Work complete ☐ Suspended ☐ Backfilled ☐ Transferred	**Closeout Date / Time**	
26 Supervisor Approval	☐ Area secured ☐ Utilities protected ☐ Outstanding actions documented	**Final Approval / Comments**	
28 Record Retention Location / Period		**Permit Closed / Retained By**	

IMPORTANT: This permit supports excavation and trenching control but does not replace applicable laws, utility-owner requirements, engineered protective-system designs, manufacturer instructions, competent-person duties, or professional judgment. The employer remains responsible for utility protection, soil classification, effective protective systems, inspections, hazard correction, emergency planning, closeout, and record retention.