Excavation and Trenching Plan 0206500_CP_11_22_en_A1.5



Project Title:	Date:		
PSO/SSHO Name: Project Location (be specific):	Plan Prepa	arer:	
Instructions: Complete this plan for all excavatio all questions and be as specific as possible; addi specific information is available at www.call811.	tional space is provided on the last page, if n .com. An independent or third-party utility l	oling and any other digging regardless of depth. needed. The National One Call number is 811. M locating company may be required if digging on	Aore sta
beyond the utility meter. A completed AHA mus	General Conditions		
Anticipated depth of excavation / tree	nch:	Feet in depth	_
Excavation / Trench dimensions:			
Width:		Feet	
Length:		Feet	
Will or could this excavation / trench	be considered a confined space?	Yes No	
If yes, please reference t	he separate confined space plan.		
Will the excavation / trench atmosph	eric conditions be tested daily?	Yes No)
If yes, please explain:			
Note: if working on a federal project, an	y excavation / trench that exceeds 4' in the beginning of each work shift.	n depth will require atmospheric testing at	
Will ventilation be supplied inside the	excavation / trench?	Yes No)
If yes, please explain:			
Has a soil classification been conducted	• •		
•	ere used to determine soil type (cho		
Visual test	-	enetrometer	
Thumb penetration test Plasticity test			
Dry strength test	Ribbon to	est	
As a result of the selected soil classifie	cation tests listed above, soil is cons	sidered (choose one):	
Stable rock			
"Type A" - unconfined co	omprehensive strength of 1.5 tsf or	r greater	
"Type B" - unconfined co	mprehensive strength of 0.5 -1.5 ts	sf	
"Type C" - unconfined co	mprehensive strength of 0.5 tsf or	less	

Note: Reference OSHA 1926 subpart P Appendix A for soil classification definitions

Description of safe work practices and anticipated work inside the excavation / trench:				
	Po	ersonnel		
Competent Person(s) [print name]				
Qualified Person(s) (if required)*				
*Note: In the event that Excavation / T excavation / trench design and pu				
Competent person will conduct a safe	-	oriefing including any j	ob-related hazards. List name of	
attendees below (to be completed on s Print Name:	ite):		Print Name:	
, , , , , ,				
Competent Person Signature:				
Date:			_	
P	Protection Me	ethods & Systems		
Choose the method of protection below Sloping:	34 to 1 to	1- Type A Soil 1- Type B Soil 1- Type C Soil	se more than one):	
Excavations in type A soil	Excavation	s in type B soil	Excavations in type C soil	
1V	1V	20' max.	1V 20' max.	
Benching:				
Shoring:				
Note: a copy of the manufacturer's tabulated data must be provided. Please attach a copy to this plan.				
Shielding:				

Additional Comments:				
Note: if excavation / trench depth exceeds 20' in depth, please attach a copy of the engineered exca and protective systems.	nvation / trend	ch design		
and protective systems.				
Access & Egress				
Choose the method of access / egress below that will be implemented (may choose more	than one):			
Portable ladder(s) placed within 25 feet of lateral travel]			
Ramp(s) placed within 25 feet of lateral travel]			
Other means of access / egress:				
Explain in detail:	_			
Affected Zone, Traffic & Utilities				
Have utilities been located by a utility locate company?	Yes	No		
If no, STOP. Utility locates must be performed before digging is initiated. Call 811 for additional information www.call811.com.				
Is a digging permit required in this area or on this project? If yes, please attach a copy of the permit to this plan	Yes	No		
Have owner utility as-built drawings been obtained?	Yes	No		
Will utility lines (overhead or underground electrical / water / steam / sewer / storm /	Yes	No		
etc.) be present? Exact utility locations must be verified by non-mechanical means (i.e., po If yes, explain:	ot nolling).			
2) vo, o.p.m.				
	V	NT.		
Will any surface encumbrances be located within the affected zone of the trench?	Yes	No		
If yes, explain method of support / protection:				
Will utility shutdown / shut off / or lock out tag out be required?	Yes	No		
If yes, reference the separate Hazardous Energy Control Plan	103	110		
Will spoil piles remain a minimum 2' from the excavation / trench edge?	Yes	No		
If no, will spoils be transported off site?	Yes	No		
If yes, are environmental controls in place to reduce runoff?	Yes	No		
2 jos, are cirrionnicinal controls in pance to reduce ranon.	103	110		

Will the excavation / trench be left open overnight?	Yes	No		
If yes, describe methods to secure the excavation area from the public or by	standers:			
Will worker(s) accessing or working from the trench be exposed to vehicle traffic?	Yes	No		
If yes, please reference separate Traffic Control Plan.				
Excavation / Trench Sketch				
In the space below please include a sketch or diagram of the excavation / trench. Be sure	to include an	y surface		
encumbrances and perimeter protection.				
De-Watering				
Is it anticipated that de-watering will be needed / implemented? If yes, explain equipment and procedures below:	Yes	No		
it yes, explain equipment and procedures below.				
Is the excavation located next to a body of water (ocean, lake, stream, etc.)?	Yes	No		
If de-watering is implemented, how will water discharge be conducted (explain below):				

Additional Notes:	
Approvals / Revie	aw.
Approvais/ Nevic	SW .
Competent Person Signature:	Date:
G	
Centennial Representative Signature:	Date:
Centennial SSR Signature:	Date: