Excavation and Trenching Plan 0206500_CP_11_22_en_A1.7



Project Title:	Date:		
PSO/SSHO Name:	Plan Preparer:		
Project Location (be specific):			
	ons, trenches, post holes, post driving pot holing and any other ble; additional space is provided on the last page, if needed. Th		
ore state s pecific information is available at w	ww.call811.com. An independent or third-party utility locating		
on or beyond the utility meter. A completed AH	A must accompany this plan. General Conditions		
	,	_	_
Anticipated depth of excavation / tre	nch:	Feet in dep	th
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	the separate confined space plan.	LI	
Will the excavation / trench atmosph	eric conditions be tested daily?	Yes	No
If yes, please explain:	J.	Tes	110
Note: if working on a federal project, ar	ny excavation / trench that exceeds 4' in depth will requi	ire atmospheric te	sting at
	the beginning of each work shift.		
Will ventilation be supplied inside the excavation / trench?		Yes	No
If yes, please explain:			
Use a soil elessification been conduct	ed to determine soil type?		
If yes, which methods w	ere used to determine soil type (choose two):		
If yes, which methods w Visual test	ere used to determine soil type (choose two): Pocket penetrometer		
If yes, which methods w Visual test Thumb penetration test	ere used to determine soil type (choose two): Pocket penetrometer		
If yes, which methods w Visual test Thumb penetration test Plasticity test	ere used to determine soil type (choose two): Pocket penetrometer		
If yes, which methods we Visual test Thumb penetration test Plasticity test Dry strength test	ere used to determine soil type (choose two): Pocket penetrometer Ribbon test		
If yes, which methods w Visual test Thumb penetration test Plasticity test Dry strength test As a result of the selected soil classifi	ere used to determine soil type (choose two): Pocket penetrometer	e one):	
If yes, which methods we Visual test Thumb penetration test Plasticity test Dry strength test As a result of the selected soil classifications.	ere used to determine soil type (choose two): Pocket penetrometer Ribbon test cation tests listed above, soil is considered (choose	e one):	
If yes, which methods w Visual test Thumb penetration test Plasticity test Dry strength test As a result of the selected soil classifi Stable rock "Type A" - unconfined co	ere used to determine soil type (choose two): Pocket penetrometer Ribbon test	e one):	

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:	ttendees below (to be completed on site):		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: