

TRENCHING AND EXCAVATION PERMIT

Eastern Illinois University

Permit for job: _____

DATE: _____

Site Location: _____

_____ # in crew _____ # in the trench _____ depth of trench

Signature of Competent Person Time in charge of excavation : _____

**If weather has impacted the work site----- re-inspect!*

Type of Soil Materials

_____ Type A (cohesive clay) Slope angle 3/4 : 1

_____ Type B (silty loam) Slope angle 1: 1 45 degrees

_____ Type C(sandy silt or clay) Slope angle 1.5 : 1 34 degrees

Type of shoring _____ Timber _____ Mechanical _____ Hydraulic

Yes/ No

_____ Trench 20 feet deep or better Trench protection design by Professional Engineer

_____ Adjacent structures are supported (street, sidewalks, building)

_____ Employee no farther than 25 feet from a ladder

_____ Ladders extend 3 feet above mouth of trench

_____ Spoil bank piled no closer than 2 feet of mouth of trench

_____ Mobile equipment has warning system of trench mouth locations

_____ Inspection by competent person after rain and other changes in the trench

_____ Are employees working outside the trench shoring area

If yes move or extend the shoring area.

_____ There is reason to believe a hazardous atmosphere exists

If yes used Confined Space Entry Form

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_____Barricades are in place around trenching area

Medical, Safety, and Department Contacts

Medical Contacts:

EIU Health Services581-3013

Sarah Bush Lincoln Hospital1-800-255-2944

(In any emergency, dial 911)

Safety Contacts:

Environmental Health and Safety-581-7068 or 581-3319