



## TRENCH INSPECTION AND ENTRY AUTHORIZATION FORM

<b>LOCATION:</b>			<b>DATE:</b>		
<b>INSPECTED BY:</b>			<b>TIME OF INSPECTION(S)</b>		
<b>WEATHER CONDITIONS:</b>			<b>APPROX. TEMP.:</b>		
<b>CREW LEADER:</b>			<b>WORK ORDER #:</b>		
<b>DIMENSIONS:</b>	<b>DEPTH =</b>		<b>Yes</b>		<b>No</b>
	<b>TOP =</b>	W	L	..... Saturated soil / standing or seeping water	
	<b>BOTTOM =</b>	W	L	..... Cracked or fissured wall(s)	
<b>SOIL TYPE:</b>		<b>TESTED:</b>		..... Bulging wall(s)	
Solid rock (most stable)		Yes		..... Floor heaving	
Average soil		No		..... Frozen soil	
Fill material				..... Super-imposed loads	
Loose sand				..... Vibration	