COMPETENT PERSON CHECKLIST

Contractor________________ Date______________
Competent Person________________ Location____________
Dimensions________________ Intersecting__________
Rescue Equipment__________ Miss Utility__________

This inspection: Start of day__________, During shift________________
Hazard increasing occurrence______________________________

Inspection: Excavation:________________, Adjacent Area____________
  Protective systems________, Surface Encumbrances__________
  Underground Utilities________, Spoil Pile_______________
  Equipment________________, Other__________________
  Access & Egress___________, Vibrations________________

Vehicular Traffic: Vest______________, Warning Lights________________
  Mobile Warning Equipment____________________________

Hazardous Atmospheres: Explosive____, Flammable____, Corrosive____,
  Oxygen Deficient____, Poisonous____, Toxic____,
  Irritating____, Oxidizing____, Other_____ 

Water Accumulation: Removal__________, Prevent surface run off__________,
  Method__________, Forecast__________

Soil Classification: Soil classification used____________, Soil type__________,
  Visual test__________, Manual test____________
  Tabulated data on site______________, Copy of standard__________

Protective Systems: Sloping__________, Benching__________, Shoring__________,
  Trench Box__________, Aluminum Hydraulic__________,
  Other______________, Manufacturers Data ______________
  Timber______________

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