

COMPETENT PERSON
TRENCH / EXCAVATION CERTIFICATION

JOB TITLE: _____ JOB NUMBER: _____

EXCAVATION CONTRACTOR: _____ DATE: _____

ADDRESS: _____ INSPECTOR: _____

The items below must be completed and signed by persons knowledgeable about the job to be covered by a trench/excavation permit before the end of the first day of work and prior to any workers entering the trench/excavation.

DOSH PERMIT NUMBER: _____ EXPIRATION DATE: _____

I hereby certify that to the best of my knowledge the soil type is:

STABLE ROCK A B C

The protective system that will be used is:

SHORING TIMBER ALUM. HYDRAULIC TABLE NO.

SLOPING 1-1/2 TO 1 1 TO 1 3/4 TO 1

TRENCH SHIELD

OTHER (Attach Sketch) Specific Description of Protective System

I also certify that I/the excavation contractor have knowledge of the Title 8 CCR Sections 1504, 1539-1543 and that the excavation contractor and his supervisory personnel will comply with these safety orders.

Contractor's Representative Signature: _____

Name Printed: _____

Title: _____

Date: _____

Competent Person(s):

Name Printed: _____

Signature: _____ Date: _____

Name Printed: _____

Signature: _____ Date: _____

Name Printed: _____

Signature: _____ Date: _____

Name Printed: _____

Signature: _____ Date: _____