

# Pre-Excavation Inspection

Company Name: \_\_\_\_\_

**DO NOT DIG WITHOUT LOCATE MARKS!**  
(Complete and sign this sheet prior to excavation taking place.)

**Before you leave the shop obtain locate numbers and:**

- Check to see if locates has been completed (look at due date).
- Make sure you have a field sketch or if one was left at job site.

*If you do not have what you need as listed above, do not leave the shop. See your supervisor.*

**ON THE JOB SITE**

**Pre-Survey (checking for locates)**

- Check for field sketch.
- Check for all facility marks on ground.
- Verify service fees from buildings/homes, that they have been located and/or that they are aerial.
- Draw a sketch of the marked facilities for future use.
- Check for any visible signs of pedestal, riser, new trench lines that may have been missed in your dig area.
- Check to make sure that dig area is defined and is same on locate sketch when possible.
- Check for any private facilities not located.
- If they are not located, locate them or contact someone to get them located.
- If there are high priority facilities in your dig area, make sure facility owner/locator is on job site and/or has been contacted for advice.

*If lines are not located completely, consult locate card and contact responsible party.*

**Public and Private Utilities**

- Ask for assistance from homeowner and utilize locating equipment and use common sense.
- Locate septic lines.
- Locate water yard lines.
- Locate private power lines to sheds, wells, invisible fences, etc.
- Locate private gas or propane lines.
- Locate sprinkler lines and heads and drip systems.
- Draw a sketch of locations for all private facilities on job site.
- Locate telecommunication cable (TV, Telephone, fiber optics, etc.)

**EXCAVATING**

- If paralleling or working on a critical or high priority line, pot hole or use locating equipment to expose and verify location and depth of facility every 100 feet.
- Hand dig within 24 inches (or as required in your state) of lines, peds, pole risers, meters or other structures.
- Bore away from facilities.
- Verify depth of any facilities boring across, change route or depth as required, notify supervisor.
- Do not place excavated dirt on locate marks, flags, whiskers, etc.
- Support all lines exposed during excavation to avoid kinks or other damage.

**BACKFILLING**

- Shade all lines placed or exposed with good fill dirt.
- Verify all fill dirt is free from rocks, cable trash, crew trash, and large dirt clods.

**PLEASE DIG SAFELY: As an excavator, you are responsible for verifying that all facilities within the dig area have been located. You are responsible for locating all private and public facilities. Have the homeowner assist you if needed.**

Supervisor/Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

# Equipment Inspection

Company Name: \_\_\_\_\_

	Yes	No
<b>EQUIPMENT IDENTIFICATION</b>		
Is the current equipment inventory list maintained?	<input type="checkbox"/>	<input type="checkbox"/>
Does this inventory list provide:		
• date of purchase?	<input type="checkbox"/>	<input type="checkbox"/>
• serial and model numbers?	<input type="checkbox"/>	<input type="checkbox"/>
• location of identifying numbers on equipment?	<input type="checkbox"/>	<input type="checkbox"/>
<b>JOB SITE PROTECTION</b>		
Is there a need for watchman service?	<input type="checkbox"/>	<input type="checkbox"/>
Are operator cabs locked when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
Are operator cab windows protected against breakage?	<input type="checkbox"/>	<input type="checkbox"/>
Are operating control panels covered / secured?	<input type="checkbox"/>	<input type="checkbox"/>
Are fuel and oil caps locked?	<input type="checkbox"/>	<input type="checkbox"/>
Are ignition locks provided and used?	<input type="checkbox"/>	<input type="checkbox"/>
Are batteries or rotors removed when equipment is left unattended for long periods of time?	<input type="checkbox"/>	<input type="checkbox"/>
Is equipment corralled overnight?	<input type="checkbox"/>	<input type="checkbox"/>
Have you notified local law enforcement of your job site location and requested to increase patrol?	<input type="checkbox"/>	<input type="checkbox"/>
Have the operators been instructed to look for signs of tampering or vandalism?	<input type="checkbox"/>	<input type="checkbox"/>
<b>KEY CONTROL</b>		
Has a competent person been assigned the responsibility of controlling key security?	<input type="checkbox"/>	<input type="checkbox"/>
Are keys removed from equipment daily?	<input type="checkbox"/>	<input type="checkbox"/>
Have you identified a secure place for keys to be stored during non-use periods?	<input type="checkbox"/>	<input type="checkbox"/>
Are all keys accounted for daily?	<input type="checkbox"/>	<input type="checkbox"/>
<b>YARD SECURITY</b>		
Have you provided fencing for high-valued equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Are gates locked and checked each night?	<input type="checkbox"/>	<input type="checkbox"/>
Is adequate yard lighting provided?	<input type="checkbox"/>	<input type="checkbox"/>
Have you posted signs to discourage vandalism and theft?	<input type="checkbox"/>	<input type="checkbox"/>
<b>GENERAL</b>		
Have you explained your company's policy on borrowing tools for overnight/weekend use?	<input type="checkbox"/>	<input type="checkbox"/>
Have you explained your company's policy on taking scrap lumber, copper, piping, and wiring home?	<input type="checkbox"/>	<input type="checkbox"/>
Have you solicited help in a friendly way from nearby neighbors to watch your job during non-working hours?	<input type="checkbox"/>	<input type="checkbox"/>

*Please explain all "No" responses on the back of this form.*

Supervisor/Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

# Work Zone Safety Inspection

Company Name: \_\_\_\_\_

	Yes	No	N/A
<b>TRAFFIC MANAGEMENT</b>			
Is an appropriate Traffic Control Plan (TCP) in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is traffic movement inhibited as little as possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are advance warning areas and traffic termination points properly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are traffic transition and work activity areas properly controlled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are only MUTCD trained supervisors responsible for traffic control devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are government authorities consulted when selecting & placing devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are good public relations maintained during the construction project?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are only MUTCD approved traffic control devices used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are government emergency forces used when necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>PEDESTRIAN CONTROLS</b>			
Are pedestrians guided in a clear and positive manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are walkways clean and free of construction materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are walkways free of tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the design meet the requirements of the elderly and disabled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is barricading adequate to protect pedestrians from moving vehicles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>FLAGGERS</b>			
Are flaggers used only as last resort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are flagger locations properly placed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all well-trained and supervised?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are fluorescent vests worn during day time hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are retroreflectorized vests worn during night time hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are flaggers forbidden to eat & drink liquids while on station?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is only approved signaling equipment used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are multiple flaggers in effective communications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MOVING TEMPORARY WORK ZONES</b>			
Are MUTCD approved traffic control devices used on moving work zones?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is sufficient warning provided at road curves and on hills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are vehicle mounted devices used on intermittent stop & go projects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>WORK ZONE TRAFFIC CONTROL STRATEGIES</b>			
Are traffic control devices appropriate for the project strategy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor/Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

# Accident: Facility Damage Report

Company Name: \_\_\_\_\_

Machine Operator \_\_\_\_\_ Date \_\_\_\_\_ and Time of Damage \_\_\_\_\_

Date of Locate \_\_\_\_\_ Ticket #: \_\_\_\_\_

Name of Locate Company \_\_\_\_\_

Facility Owner \_\_\_\_\_ Facility Damaged \_\_\_\_\_ Size \_\_\_\_\_

Live or Abandoned \_\_\_\_\_ Locate Accurate: Yes  No

Measurement Off By: \_\_\_\_\_ Feet \_\_\_\_\_ Inches Locates \_\_\_\_\_ Painted \_\_\_\_\_ Flagged \_\_\_\_\_

Photographs Taken Yes  No  How Many Taken \_\_\_\_\_

Locate Sketch Attached Yes  No  Was Locate Sketch on Job Site Yes  No

Was Hand Dig Completed 24" Each Side of Mark \_\_\_\_\_

Was Line Found and Exposed By Hand \_\_\_\_\_ Damage by Hand or Machine \_\_\_\_\_

Cause \_\_\_\_\_

Name of Machine Operators Supervisor \_\_\_\_\_

What happened to cause this damage? \_\_\_\_\_

Why did this happen? \_\_\_\_\_

What is being done to insure this will not happen again? \_\_\_\_\_

Comments on damages: \_\_\_\_\_

Machine Operators Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_

Ok to pay \_\_\_\_\_ Date \_\_\_\_\_ Dept. Code: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Date Closed: \_\_\_\_\_

Check Number: \_\_\_\_\_ P.O. Number: \_\_\_\_\_

**Cause: Locate Error**

- Facility not marked
- Abandoned facility
- Mark off, but facility was not damaged
- Locate marks off
- Other (explain) – Use back of form

**Cause: Dig Error**

- Out of dig area
- No locate requested
- Expired locate
- Digging prior to locate
- Hit on locate – within 24" of mark
- Marks destroyed – drawing incorrect
- Unable to investigate / not notified
- Found all cables marked
- Other (explain) – Use back of form

Supervisor/Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

# Employee Accident Report

Company Name: \_\_\_\_\_

Investigated by: \_\_\_\_\_ Phone: \_\_\_\_\_ Investigation date: \_\_\_\_\_

Medical clinic where treatment was given: \_\_\_\_\_

Name of injured: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job title of injured: \_\_\_\_\_ Full time  Part time  Temporary

Department: \_\_\_\_\_ Length of employment: \_\_\_\_\_ Reports to: \_\_\_\_\_

Injury date: \_\_\_\_\_ Injury time: \_\_\_\_\_ AM  PM

Date reported: \_\_\_\_\_ Address of accident: \_\_\_\_\_

Nature of injury and part of body, or property damaged: \_\_\_\_\_

Object inflicting injury or damage: \_\_\_\_\_

Severity of injury: Fatality  Medical treatment  First aid

Witness names and phone numbers:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Where did the accident occur?

\_\_\_\_\_  
\_\_\_\_\_

How did the accident occur? *(Attach photos and diagrams if needed.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe unsafe acts or conditions which contributed to the loss.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrective action taken to prevent recurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Follow-up actions necessary:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor/Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

# Employee Accident Report

Company Name: \_\_\_\_\_

## Accident Investigation Guidelines

1. Make certain that the injured person receives prompt and thorough medical care.
2. Protect the accident scene to prevent a second accident.
3. Begin investigation as soon as possible after the loss and steps 1 and 2 have been completed.
4. Go to the scene. Get the big picture first. Consider using diagrams or photos.
5. Talk to the injured person, if possible – at the scene, if possible.
6. Talk to other employees or witnesses, get the facts. Don't look to place blame. Make each interview private.
7. Ask questions and repeat the story to be sure you understand. Ask why, what, where, when, who, how?
8. End each interview on a positive note.
9. Look for all the possible causes – equipment, materials, and people (see below).
10. Do not ask for reenactments of the actions.
11. Record all facts quickly.
12. Develop your conclusions. Solicit prevention ideas.
13. Follow-up to make certain preventative action is effective. Publicize the benefit to all.
14. Look for any similar hazards and correct.

## Investigation Questioning Guide & Check List

### **Equipment**

- |  |  |
|--|--|
| <input type="checkbox"/> Why was this equipment used?            | <input type="checkbox"/> What guards were or were not used?                            |
| <input type="checkbox"/> What equipment should be used?          | <input type="checkbox"/> What environmental hazards contributed to the loss?           |
| <input type="checkbox"/> How was the equipment improperly used?  | <input type="checkbox"/> How did the hazard contribute to the loss?                    |
| <input type="checkbox"/> What maintenance problems were evident? | <input type="checkbox"/> What personal protective equipment is provided?               |
| <input type="checkbox"/> When should maintenance be performed?   | <input type="checkbox"/> When should personal protective equipment be used?            |
| <input type="checkbox"/> How can maintenance be improved?        | <input type="checkbox"/> What personal protective equipment should have been provided? |

### **Material**

- |   |  |
|---|--|
| <input type="checkbox"/> Why was this material being used?                | <input type="checkbox"/> Why was the material placed in this location?   |
| <input type="checkbox"/> What material should be used?                    | <input type="checkbox"/> Where should the material have been placed?     |
| <input type="checkbox"/> How were the materials handled?                  | <input type="checkbox"/> How could materials be stored more effectively? |
| <input type="checkbox"/> How should the materials have been handled?      | <input type="checkbox"/> When was housekeeping done?                     |
| <input type="checkbox"/> Why were the materials processed in this manner? | <input type="checkbox"/> When should housekeeping be performed?          |
| <input type="checkbox"/> How should the materials have been processed?    | <input type="checkbox"/> How can housekeeping be improved?               |

### **People**

- |   |  |
|---|--|
| <input type="checkbox"/> What qualifications are needed to perform this job safely? | <input type="checkbox"/> What instructions or training was provided? By who?         |
| <input type="checkbox"/> Was the injured employee qualified?                        | <input type="checkbox"/> What instructions or rules were not followed?               |
| <input type="checkbox"/> Why was the employee selected for this task?               | <input type="checkbox"/> Why were they not followed?                                 |
| <input type="checkbox"/> What additional instructions or training was needed?       | <input type="checkbox"/> What additional rules or enforcement should be established? |

Supervisor/Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

# “Toolbox Talks” Sign-In Sheet

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_ Topic: \_\_\_\_\_

Meeting Location: \_\_\_\_\_ Person Conducting Meeting: \_\_\_\_\_

Items Discussed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Problem Areas or Concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
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Attendees:  
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Comments:  
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\_\_\_\_\_

Supervisor/Foreman: \_\_\_\_\_ Date: \_\_\_\_\_

# Drug Testing Consent Form

Company Name: \_\_\_\_\_

I, a employee/prospective employee of the Company, understand that the use of drugs, alcohol, and other controlled substances by employees creates a dangerous work environment. In consideration for my desire for a safe work environment, I hereby give my consent for the Company to conduct the drug tests it considers necessary as outlined in its Drug Test policy. I understand that this drug test is a condition for employment. I hereby allow the Company to take the necessary specimens from me to test for any controlled substance, and I authorize the laboratory or medical personnel retained by the Company for these tests to release the results to the Company for whatever use the Company deems appropriate. Further, I release the laboratory or medical personnel conducting the drug test, the Company, and the Company's employees, directors, officers, and successors from any liabilities, claims, and causes of action, known or unknown, contingent or fixed, that may result from this drug test. I agree not to file any lawsuit or other action to assert a claim.

I have read and understood this agreement, and I sign this without any coercion or duress by any individual or institution.

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_