



TRENCH RESCUE CHECKLIST

IMPORTANT! A TRENCH IS DEFINED AS DEEPER THAN IT IS WIDE, NOT WIDER THAN 15 FEET

ASSESSMENT

DATE _____ START TIME _____ INCIDENT # _____
 Site location _____
 Industry or Contractors Name _____
 COMPANY ADDRESS _____ CITY, STATE _____
 PHONE _____ CONTRACTORS LICENSE # _____
 REPORTING PARTY / CONTACT PERSON _____ ENTRY PERMIT AVAIL. YES NO
 NUMBER OF VICTIMS _____ TIME LAST SEEN _____ CONSCIOUS YES NO RESCUE RECOVERY
 SHUT DOWN ALL EQUIPMENT REQUEST LAW ENFORCEMENT EVACUATE ALL WORKERS

TYPE OF COLLAPSE

SPOIL SLIDE WALL SHEAR SLOUGH IN LIP IN SHORING FAILURE OTHER _____
 ATMOSPHERIC HAZARDS: _____ %O₂ _____ %LEL _____ PPM OF CO _____ PPM OF H₂S
 OTHER TOXIC GASES: _____ PPM OF _____
 METER SERIAL # _____ METER CAL. DATE _____ SAMPLE TIME _____ TESTER NAME _____
 IMPORTANT! A TRENCH W/ AN IDLH ATMOSPHERE IS A CONFINED SPACE! PERMIT MONITORING VENTILATION

PRE-ENTRY

PROTECTION IN PLACE

IMPORTANT! DO NOT ENTER PAST WAIST DEEP WITHOUT SHORING!
 EDGE PROTECTION: 2" X 12" PLANKS / BACKBOARDS / SPOIL PILE MUST BE A MIN. OF 2' FROM LIP OF TRENCH
 SHORING TYPE: LUMBER / PIPE/POST SCREW JACKS / AIR STRUTS / SPEED SHORES / TRENCH BOX / SHIELD
 SLOPING/BENCHING: SYSTEM SHOULD BE DESIGNED BY STATE REGISTERED CIVIL ENGINEER W/ ON-SITE PLANS
 LADDERS: PLACED AT BOTH ENDS <25' TRAVEL TO EXIT TIP OF LADDER MIN. OF 3' ABOVE TRENCH LIP
 VENTILATION: POSITIVE NEGATIVE COMBINATION NONE

OPERATION CHECKS

OPERATIONS PERIMETER CONTROL ELIMINATE VEHICLE/RAILWAY MOVEMENT ELIMINATE IGNITION SOURCES
 PROVIDE LIGHTING PROTECTIVE CLOTHING ATMOSPHERIC MONITORING
 RESPIRATORY PROTECTION: SCBA / SAR / APR / N/A UTILITIES SECURED
 COMMUNICATION: VISUAL / VOICE / HARDLINE / RADIO / ROPE
 ENTRY AND EXTRICATION: TRIPOD / LADDER A-FRAME / DAVIT ARM / LADDER TRUCK / WINCH / OTHER: _____
 VICTIM PACKAGING: STOKES / HALF-BACK / SKED / HARNESS / WRISTLETS / ANKLETS / OTHER: _____
 SOIL REMOVAL: VACUUM TRUCK/AIR MOVER / BUCKETS / SMALL SHOVELS / OTHER: _____

PERSONNEL

SCENE MANAGEMENT

INCIDENT COMMANDER _____	Record all entry and exit times on log (on back)
OPERATIONS _____	
SAFETY OFFICER _____	
TECHNICAL SPECIALIST _____	
ENTRANT #1 _____ BACK-UP ENTRANT #1 _____	
ENTRANT #2 _____ BACK-UP ENTRANT #2 _____	
EACH WORKER OR ENTRANT SHALL HAVE A TAG LINE ATTACHED TO THEIR FULL-BODY HARNESS <input type="checkbox"/>	

END

PERSONNEL ACCOUNTABILITY EQUIPMENT REMOVED SCENE SECURED DEBRIEFING OBTAIN FC-33's
 TIME _____ DATE _____ OPERATIONS/SAFETY OFFICER SIGNATURE _____

