

Excavation Inspection Report

An excavation inspection record with scope, shift or event trigger, ground and support observations, hazards, actions and competent inspector details.

1. Record details and scope

Project

Filled in from the project in SiteSurvey.

Site or premises address

Client or organisation

Record date *

Person completing the record *

This is an inspection record to be completed by a competent person. It is not a support design, permit to dig or authority to enter an unsafe excavation.

HSE describes competent inspections at the start of the working shift and after events that may affect strength or stability or a fall of earth or rock. CDM 2015 sets reporting duties for relevant inspections. Unsafe work must not continue while precautions are inadequate.

2. Inspection scope

Name and address of person the inspection is for *

Excavation location and description *

Date and time of inspection *

Inspection trigger * (choose one)

- ☐ Start of shift
- ☐ After event affecting stability
- ☐ After fall of earth or rock
- ☐ Other

Inspector position and competence basis *

Support or battering design and permit references

3. Inspection observations

Support or battering and exposed ground condition checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Adjacent structures, loads and spoil position considered * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Safe access and edge protection in place * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Water, atmosphere and service risks addressed * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Changes since the previous inspection reviewed * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Supporting photos (photos: attach, or note the file names)

4. Report and action

Matters identified that could create risk *

Describe the observed condition, its exact location and the evidence. Record the response and communication in their separate fields.

Action taken immediately *

Further action considered necessary *

Person receiving the report

Date and time report supplied

Work restrictions and how they were communicated

5. Actions and review

Are further actions required? * (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference *

Person responsible *

Target date

Action status * (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence * (if applicable)

Outstanding limitations and information to pass on

Record status * (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

Review date

Author signature *

Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.