Tri-Energy Services Ltd.
Ground Disturbance Checklist

Project:		**Location:**		**Date:**	
Job Owner:		**Supervisor(s):**			
Contractor(s):					

1. PRE-PLANNING & COMPETENCY VERIFICATION

Item	Yes	No	N/A
Job Owner is trained and competent in soil assessment, excavation planning, and protective system selection	☐	☐	☐
Supervisor is trained and competent in Ground Disturbance supervision	☐	☐	☐
Equipment operators have valid training and competency verification	☐	☐	☐
Hydrovac/excavation contractors verified as competent	☐	☐	☐
All workers have required training (Ground Disturbance, First Aid, WHMIS, H2S)	☐	☐	☐

2. LOCATES & FACILITY IDENTIFICATION

Item	Yes	No	N/A
One-Call notification submitted and valid ticket obtained	☐	☐	☐
All facility owners notified (including non–One-Call members)	☐	☐	☐
All locate documentation on site	☐	☐	☐
Locate marks verified, protected, and replaced if damaged	☐	☐	☐
All buried facilities within 5 m exposed using hand-dig or non-destructive methods	☐	☐	☐
Crossing agreements, permits, and restrictions reviewed	☐	☐	☐

3. SOIL ASSESSMENT

Item	Yes	No	N/A
Soil type identified (Hard/Compact, Crack/Crumble, Soft/Sandy/Loose)	☐	☐	☐
Moisture content and stability assessed	☐	☐	☐
Groundwater or seepage hazards evaluated	☐	☐	☐
Adjacent structures, vibration, or hydrostatic pressure risks assessed	☐	☐	☐
Engineering support required? (If yes, attach documentation)	☐	☐	☐

4. EXCAVATION STRATEGY

Item	Yes	No	N/A
Excavation depth, dimensions, and method planned	☐	☐	☐
Mechanical excavation limits established (600 mm or per crossing agreement)	☐	☐	☐
Excavation plan communicated during tailgate meeting	☐	☐	☐
Spoil pile placement meets 1.2 m minimum distance	☐	☐	☐
Water accumulation control plan in place	☐	☐	☐
Safe access/egress within 8 m of workers	☐	☐	☐

5. PROTECTIVE SYSTEM SELECTION

Item	Yes	No	N/A
Protective system selected based on soil type and depth	☐	☐	☐
System type: ☐ Sloping ☐ Benching ☐ Shoring ☐ Trench Box ☐ Engineered System			
Shoring/trench box installed by competent personnel	☐	☐	☐
Protective system inspected prior to worker entry	☐	☐	☐
Protective system remains in place until backfill	☐	☐	☐

6. CONTRACTOR OVERSIGHT

Item	Yes	No	N/A
Contractors briefed on excavation plan and hazards	☐	☐	☐
Hydrovac/excavator operators follow mechanical limits	☐	☐	☐
Hydrovac/excavator operators follow mechanical limits	☐	☐	☐
Job Owner actively monitors contractor performance	☐	☐	☐
Work stopped immediately if unsafe conditions arise	☐	☐	☐

7. EMERGENCY RESPONSE PREPAREDNESS

Item	Yes	No	N/A
Emergency procedures reviewed with all workers	☐	☐	☐
Contact information for facility owners available	☐	☐	☐
Workers know to stop work and leave equipment in place if contact occurs	☐	☐	☐
Spill response and first aid equipment available	☐	☐	☐

8. BACKFILL AND COMPLETION

Item	Yes	No	N/A
Facility owner notified 24 hours prior to backfill	☐	☐	☐
Facility owner inspection completed or documented attempt made	☐	☐	☐
Exposed utilities supported during backfill	☐	☐	☐
Excavation backfilled and secured	☐	☐	☐
All documentation completed and filed	☐	☐	☐

SIGN OFF

Job Owner Name:		Signature:		Date:	
Supervisor:		Signature:		Date:	
Contractor Rep:		Signature:		Date:	

WORKERS INVOLVED

Name:		Signature:		Date:	
Name:		Signature:		Date:	
Name:		Signature:		Date:	
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