

CAL FIRE/ Fresno County Fire District

TRENCH RESCUE CHECKLIST

PLACE A CHECK LIST IN THE APPROPRIATE BOX AS NECESSARY

GENERAL INFORMATION			
DATE:	START TIME:	END TIME:	INCIDENT #
LOCATION:			
NAME OF COMPANY:		PERSON IN CHARGE/SITE CONTACT:	
PHONE:			
ADDRESS:			
CITY, STATE:			

TYPE OF COLLAPSE			
SPOIL SLIDE <input type="checkbox"/>	WALL SHEAR <input type="checkbox"/>	SHORING FAILURE <input type="checkbox"/>	OTHER <input type="checkbox"/>
ATMOSPHERIC HAZARD: YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, GAS MONITOR READINGS:	
		OXYGEN	LEL
		CO	TOXIC
IS THIS A CONFINED SPACE INCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF YES, ADVISE ECC <input type="checkbox"/> TIME:	
NOTES:			

PROTECTION IN PLACE			
SLOPING <input type="checkbox"/>	SLOPING AND BENCHING <input type="checkbox"/>	SHORING <input type="checkbox"/>	TRENCH BOX <input type="checkbox"/> NONE <input type="checkbox"/>
LADDERS <input type="checkbox"/>	HOW DEEP?	# OF VICTIMS	UTILITIES <input type="checkbox"/>

PRE-ENTRY CHECKLIST	
<input type="checkbox"/> 1. SHUT DOWN ALL EQUIPMENT	<input type="checkbox"/> 7. RESCUE OR BODY RECOVERY
<input type="checkbox"/> 2. REQUEST LAW ENFORCEMENT	<input type="checkbox"/> 8. RESOURCES NEEDED
<input type="checkbox"/> 3. EVACUATE ALL WORKERS	<input type="checkbox"/> 9. PROPER PPE FOR ALL RESCUERS
<input type="checkbox"/> 4. NO VEHICLES WITHIN 100 FEET	<input type="checkbox"/> 10. SHORING MATERIALS
<input type="checkbox"/> 5. ALL NON-ESSENTIAL PERSONNEL BACK 50 FEET	<input type="checkbox"/> 11. SMALL SHOVELS AND BUCKETS
<input type="checkbox"/> 6. TRENCH EDGE-LIP PROTECTION	<input type="checkbox"/> 12. 2IN/2OUT RULE APPLIES

SOIL TYPE		
TYPE A: HARD STABLE ROCK <input type="checkbox"/>	TYPE B: COHESIVE SOIL <input type="checkbox"/>	TYPE C: LOOSE SOIL <input type="checkbox"/>

EMPLOYEE PROTECTION			
SHEETING <input type="checkbox"/>	UPRIGHTS 2"X8" MIN <input type="checkbox"/>	TRENCH PANELS <input type="checkbox"/>	
SHORING: LUMBER <input type="checkbox"/>	SPEED SHORES <input type="checkbox"/>	SCREW JACKS <input type="checkbox"/>	AIR STRUTS <input type="checkbox"/>
LADDERS EVERY 25 FEET <input type="checkbox"/>	TRENCH EDGE <input type="checkbox"/>	UTILITIES SECURED <input type="checkbox"/>	BLOWER <input type="checkbox"/>
PPE SUPPLIED <input type="checkbox"/>	HARNESSES <input type="checkbox"/>	AIR SYSTEM <input type="checkbox"/>	SAFETY LINES <input type="checkbox"/> TOOLS <input type="checkbox"/>

ENTRY CHECKLIST GUIDELINES	
<input type="checkbox"/> 1. SHORE FROM TOP DOWN	<input type="checkbox"/> 7. UNCOVER ENTIRE BODY BEFORE REMOVAL
<input type="checkbox"/> 2. SHEET OR UPRIGHT ENTIRE WORK AREA	<input type="checkbox"/> 8. WATCH FOR SIGNS OF SECONDARY COLLAPSE
<input type="checkbox"/> 3. SHEETING MUST BE WITHIN 2 FEET OF BOTTOM	<input type="checkbox"/> 9. ROTATE RESCUERS EVERY 15 TO 20 MINUTES
<input type="checkbox"/> 4. SHORE EVERY 4 FEET	<input type="checkbox"/> 10. WATCH OUT FOR LARGE ROCKS ON WALLS
<input type="checkbox"/> 5. LOCATE VICTIM, DIG EASY WITH SMALL TOOL	<input type="checkbox"/> 11. EXIT ON LADDERS, NOT SHORING
<input type="checkbox"/> 6. UNCOVER HEAD AND CHEST FIRST	<input type="checkbox"/> 12. IF VICTIM ALIVE, FLUIDS, SHADE, WARMTH AS NEEDED

POST INCIDENT CHECKLIST
<input type="checkbox"/> 1. Rehab Crews
<input type="checkbox"/> 2. Debrief Crews
<input type="checkbox"/> 3. Remove shoring with extreme caution (WITH CAL-OSHA APPROVAL)
<input type="checkbox"/> 4. Account for all equipment
<input type="checkbox"/> 5. Secure Area
<input type="checkbox"/> 6. Consider critical incident stress debriefing
<input type="checkbox"/> 7. Release all units
<input type="checkbox"/> 8. Confirm ECC notify Cal-Osha
<input type="checkbox"/> 9. I.C. should provide critique to Training Bureau for release to field

ICS POSITIONS
Incident Commander:
Operations Officer:
Safety:
Cut Team:
Panel Team:
Shore Team:
Pt. Care:
Extrication Team:
Logistics:

NOTES: