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| EXCAVATION PERMITPermit |

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| PERMIT Number: |  |
| Project:  |  |
| WORK IS NOT TO COMMENCE UNTIL A SIGNED AND APPROVED PERMIT IS ON THE WORKSITE |
| PART A: Application (Completed by persons intending to excavate) |
| Name |  | **Company** |  | **Date** | dd/mm/yy |
| Proposed Works |  | **Maximum Depth (m)** |  |
| Location: |  |
| (Plan attached) Drawing/Sketch No.: |  |
| Commencement of Work: | Date (dd/mm/yy) | **Time:** | XX:XX am/pm |
| Completion of Work: | Date (dd/mm/yy) | **Time:** | XX:XX am/pm |
| Has the area been checked for public and private services, and a Utility and Services Permit completed and authorised?  | [ ] Yes [ ] No |
| PART B: Safe System of Work (Completed by Authorised Engineer) |
| Items | **Yes** | **No** | **Comments** |
| SWMS in place and understood by all  |[ ] [ ]  List details:  |
| Overhead/Underground services identified and markedUtility and Services Permit in place |[ ] [ ]  List details: |
| Will exposed services be protected to prevent mechanical damage? |[ ] [ ]  List details: |
| Has the ground condition been inspected and assessed  |[ ] [ ]  List details: |
| Access/egress to excavation is in place  |[ ] [ ]  List details: |
| Excavation protection in place (edge protection, barricades, signage) |[ ] [ ]  List details: |
| Excavation is protected from traffic and pedestrian movements  |[ ] [ ]  List details: |
| Slope stability, settlement or vibration monitoring to manage and control ground movement are in place. |[ ] [ ]  List details: |
| Shoring and battering are in place as per the geotechnical design  |[ ] [ ]  List details: |
| Emergency rescue plan in place and communicated to all |[ ] [ ]  List details: |
| PART C: Permit Induction (Carried out by Supervisor) |
| Inductee Name | **Signature** | **Date** | **Position** | **Employer** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| PART D: Approval |
| Permit Issuer Name: |  | **Signature** |  | **Date** |  |
| Comments:  |
| Permit Expiry Date (1 week maximum) |  |
| PART F: Permit Holder  |
| Excavation Permit issued to: |  |
| Name |  | **Date** | dd/mm/yy |
| Signature |  | **Time** | XX:XX am/pm |
| Name  |  | **Date**  | dd/mm/yy |
| Signature |  | **Time** | XX:XX am/pm |
| Name  |  | **Date**  | dd/mm/yy |
| Signature |  | **Time** | XX:XX am/pm |
| PART G: Completion |
| Works are complete | [ ]  Yes [ ]  No | **Work site is in a safe condition** | [ ]  Yes [ ]  No |
| Isolations have been restored | [ ]  Yes [ ]  No | **Do any Drawings need revision?**  | [ ]  Yes [ ]  No |
| Sign Off |
| Permit Holder Name |  | **Signature** |  | **Date** | dd/mm/yy |
| Area Supervisor Name |  | **Signature** |  | **Date** | dd/mm/yy |
| Engineer’s Name |  | **Signature** |  | **Date** | dd/mm/yy |
| Engineer’s Comments on completed works: |  |