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| --- |
| EXCAVATION PERMIT  Permit |

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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 marked  Utility 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** | |
|  |  | | |  | | | | | | | | | |  | | | | |  | |
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|  |  | | |  | | | | | | | | | |  | | | | |  | |
| 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: | | |  | | | | | | | | | | | | | | | | | |