

Excavation

THIS PERMIT NEEDS TO BE DISPLAYED AT ALL TIMES

	Job Details	Permit #
	Special Tools to be Used	

Job Location / Facility Name	Is any other work currently being undertaken that may interact or affect this Permit? (Reference Permit # where applicable)
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This permit is only valid when all sections are complete. If you are in doubt or don't understand, then please ask. Remember, all accidents are preventable and it is people who get hurt and suffer pain. Please use this permit in the spirit intended to protect yourself and others. Please ensure that you sign this work permit. Do not proceed with your work until this permit has been signed by an authorized company representative.

HAZARDS AND PRECAUTIONS TO BE TAKEN	PERSONAL PROTECTIVE EQUIPMENT
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PRIMARY HAZARDS - fumes, electrical, gases, liquids, radiation, fire, smouldering														
Please answer the following questions truthfully				Yes	No	N/A								
#1	Are you qualified/trained to undertake this work?						Goggles / Eye Protection				Dust Mask			
#2	Do you have appropriate Personal Protective Equipment?						Protective / Insulating Gloves				Safety Harness			
#3	Are all tools and equipment safe and suitable for the job?						Safety Footwear				High Vis. Jacket / Vest			
#4	Are all warning signs and barriers in place?						Hearing Protection				FR / Hazmat / Safety Clothing			
#5	Are all service isolation valves/switches clearly identified?						Hard Hat / Helmet							
#6	Is it safe to work alone?						AUTHORIZATION AND ACCEPTANCE							
#7	Are regular checks in place for lone workers?						I confirm that I have verified the information contained on this permit and ensured that the necessary precautions have been taken. It is safe to carry out the work as defined and the permit information has been explained to all workers involved. I accept responsibility for this work.							
#8	Is a means of mobile communications available and in place?						Person in Charge							
#9	Are emergency plans in place?						Company							
#10	Are you aware of the underground services in the vicinity?						Signature Date Time							
#11	Have all underground services been disconnected and proved safe?						Authorizing Person							
#12	Is suitable shoring or trench supports required? (essential for depths below 1.5 mtrs.)						Expiry Date Time							
#13	Do you have suitable equipment to free lumps of stone etc.?													
#14	Do you have fine material available for back-filling?													
⚠ IMPORTANT If you discover asbestos during excavation, please STOP WORK and consult us														

SECURITY CHECKS AT HALF HOUR INTERVALS ON LONE WORKERS								PROJECT COMPLETION							
TIME		INITIALS		TIME		INITIALS		I confirm that the work has been completed / partially completed*, inspected by myself, fire watch completed and the area left in a safe and tidy condition. (*delete as appropriate)							
TIME		INITIALS		TIME		INITIALS		Person in Charge Name Signature							
TIME		INITIALS		TIME		INITIALS		I have inspected the completed / partially completed* work and hereby cancel this permit. (*delete as appropriate)							

Other Precautions Required	Authorizing Person
Other Safety Equipment Required	Date Time