

EXCAVATION PERMIT

Note: The purpose of this Permit is to ensure only authorised personnel and contractors are conducting work on site in alignment with permit requirements. A T for the work to be completed.

- Are the personnel covered by this permit, inducted, trained and competent? Yes / No
- Is there a current Risk Assessment/JSA for all work completed under this Permit? Yes / No

Work Description:			
Reason for Excavation:		Maximum Depth	
Start Date/Time:		Finish Date/Time:	
Company Name:			
Excavation method planned (Hand digging or nominated plant/ equipment involved)			

- DOES THIS PERMIT COMBINE WITH ANY OTHER PERMIT?

Permit	Y	N	Number
Man Cage			
General Work Permit (Hot works/Confined Space/working at Heights)			
Floor & Handrail			

Permit	Y	N	Number
Other-Please Specify:			

Energy Sources to be Isolated:	Y	N	Number	Y	N	Number

	Risk Assessment Guide (All questions to be answered "Yes or No")	Yes	No	Comments
1.	Has a safety observer been nominated? If not, why not?			
2.	Is the proposed area been marked out on a relevant drawing/aerial photos?(Attach)			
3.	Have all underground utilities been identified?			
4.	Have all underground utilities been isolated/tagged/depressurised?			
5.	Is bunting, barricades or danger tape required to define limits of area?			
6.	Are cutbacks or shoring required?			

SURVEYOR OR DELEGATEE

Full name (please print)

REGISTERED MANAGER

Full name (please print)

PERMIT AUTHORISER:

Full name (please print)

PERMIT HOLDER ACCEPTED

For the work to be completed

Full name (please print)

I have read, or been instructed in, the conditions of this permit

Date	Full Name

Date	Full Name

Date	D/S