# Excavation permit

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| **Permit number:** |  | Work order number: |  |
| Requested by name: |  | Phone number: |  |
| Company: |  | Vendor OIC name: |  |
| Start date: |  | Finish date: |  |
| Start time: |  | Finish time: |  |
| Location: |  | | |
| Work description: |  | | |
| Special conditions: |  | | |
| Security considerations: |  | | |
| Clinical considerations: |  | | |

**APPROVAL**

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| 1. *I understand the conditions of this permit and will abide by all safe work procedures. I understand that if Emergency Services are called as a result of my non-compliance I am liable for call out costs.* | Officer in charge on site:  Name:  Signature:   1. Date: |
| *I am satisfied that persons impacted have been consulted. I approve the works specified in this permit.* | Infrastructure and Assets authorised person:  Name:  Signature:  Date: |

**COMPLETION OF WORKS**

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| *I hereby certify that work is complete and area is inspected and made safe. All services have been restored. Impacted staff have been notified.* | Officer in charge:  Name:  Signature:  Date: |

**CLOSE OUT OF PERMIT**

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**SECTION ONE - RISK ASSESSMENT**

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| --- | --- | --- | --- | --- |
| Location of excavation | |  | | |
| Likely depth | | 300mm to 1.5m | 1m to 1.5m in known sandy or unstable conditions | >1.5m |
| Work activity description | |  | | |
| Method to be utilised | |  | | |
| Hazard identification, risk analysis and control measure selection (tick appropriate) | | | | |
|  | The excavation work is to be solely undertaken by a contracted party and a detailed Safe Work Method Statement and risk assessment has been previously prepared, reviewed is attached to this form.  *Attach documentation and proceed to Section Two* | | | |
|  | The excavation work is to be solely undertaken by personnel as per the specific excavation work issues detailed below  *Complete the risk assessment below* | | | |

Risk assessment guide

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Step 1: Consider consequences | | | | Step 2: Consider likelihood | | | | Step 3: Calculate risk | | | |
| *What are the consequences of this hazard occurring?*  *Consider what is the most probable consequence (below) with respect to this work hazard.* | | | | *What is the likelihood of the hazard consequence in Step 1 occurring?* | | | | *Take Step 1 rating and select the correct column*  *Take Step 2 rating and select the correct line*  *Use the risk score where the two ratings cross on the matrix below* | | | |
| **Catastrophic**: Loss of life  **Major**: Permanent disability  **Moderate**: Lost time injury involving temporary loss of function  **Minor**: First aid or medical treatment  **Insignificant**: Incident or near miss, no treatment | | | | **Almost certain**: Expected to occur  **Likely**: Occurs from time to time  **Possible**: Evidence of several events in the past.  **Unlikely**: Evidence of event occurring in the past.  **Rare**: No known incidents | | | |
| List the hazards relating to this work | | List the controls to manage the hazard | | | | Party responsible for implementing controls | | | Risk assessment | | |
|  | |  | | | |  | | | Low  Medium  High  Very high | | |
|  | |  | | | |  | | | Low  Medium  High  Very high | | |
|  | |  | | | |  | | | Low  Medium  High  Very high | | |
|  | |  | | | |  | | | Low  Medium  High  Very high | | |
|  | |  | | | |  | | | Low  Medium  High  Very high | | |
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**SECTION TWO – EXCAVATION PERMIT**

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| Underground services identification | | | | | | | |
| Identification of services (tick relevant) | Information sourced from authority or underground asset service locator (ie. Dial before you dig phone 1100)  Visual inspection and search of the work area and potential services in the surrounds  Existing services maps or plans reviewed  MANDATORY: Underground service location and depth detection undertaken | | | | | | |
| Identification undertaken by |  | | | | | Date |  |
| Have services been identified | Yes – Services have been identified that could impact on the excavation tasks | | | Complete all of Section Two | | | |
| No – There are no services in the area/vicinity that could impact on the excavation tasks | | | Proceed to Collapse and Entry Controls Section | | | |
| Service type | | Proximity of service (tick) | | | Depth as detected or best estimate | | |
|  | | Service directly at excavation point | Service in proximity of excavation | |  | | |
|  | | Service directly at excavation point | Service in proximity of excavation | |  | | |
|  | | Service directly at excavation point | Service in proximity of excavation | |  | | |
|  | | Service directly at excavation point | Service in proximity of excavation | |  | | |
| Services identified on plans | | | | | | | |
| Underground power cables | | Underground telecommunication cables | Underground fuel/oil pipes/ gas | | Underground air/water pipes | | |
| Sewerage pipes | | Powerlines overhead of work | Other: | | Other: | | |
| Where a service has been identified, insert information in the service location and provisions sections below to ensure a safe method of work. | | | | | | | |
| Service location(s) (Provide details/ description of locations as detected or an explanation of areas shown by marking paint or similar.) | |  |  | |  | | |
| Special provisions (tick all that apply) | | Observer is present during excavation | Electricity to be isolated | | Digging equipment to be flat edged | | |
| Hand digging required | Other: | | Other: | | |

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| Excavation collapse and entry controls | | |
| Will workers be required to enter the excavation(s)? | Yes, proceed to Item A | No, proceed to Item C |
| Will excavation(s) be greater than 1.5 meter deep | Yes, proceed to Item B | No, proceed to Item C |
| A safe means of entry will be achieved via (must identify at least one): | The use of secured ladders – at least one per 9 meter section of trench | |
| Prevention of collapse will be achieved via (must identify at least one: | The use of shoring; or  The use of battering to all sides required; or  The use of benching to all sides required; or  A written and signed authority obtained from certified geo-technical engineer stating that the excavation is safe for entry | |
| General safe entry in the excavation will be achieved by both MANDATORY: | More than one person being present at the excavation during entry; and  A competent person to supervise work, inspect excavation(s) and maintain an excavation log daily prior to entry.  Proceed to Item D | |
| General safety to be achieved via: | A competent person to supervise work and inspect excavation(s) | |
| Prevention of collapse will be achieved via: | No controls required to prevent a person being trapped by a collapse  Using shoring, battering/benching to prevent a person being trapped by a collapse or to minimise likelihood of a fall.  Proceed to Item D | |
| Clarifying details as applicable (about type of shoring, method of placement/removal, batter/bench dimensions, access details etc |  | |
| Additional considerations:  *Include relevant control details within Section One: Risk Assessment or an attached Work Method Statement* | Exclusion/barricading is to be erected to exclude access/prevent falls  Controls will be required to limit operating areas of earthmoving plant  Close-by exhaust fumes could make the excavation atmosphere unsafe for entry  Controls are required to prevent undermining of near-by structures  The area is likely to contain contaminated soil/old process materials/chemicals  New services will need to be marked/identified and/or service plans updated | |

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**APPROVAL**

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| This acknowledgement signifies a formal request to commence excavation works. As the person requesting this permit, I hereby certify that:   * I am competent to coordinate this excavation work in accordance with the previous Risk Assessment and Excavation Permit details; * I shall undertake to implement all planned and necessary controls to ensure safe excavation access and work methods; and * I shall monitor the excavation/work hazards are control methods throughout the excavation work | |
| *I understand the conditions of this permit and will abide by all safe work procedures.* | Officer in charge on site:  Name:  Signature:  Date: |
| *I am satisfied that persons impacted have been consulted. I approve the works specified in this permit.* | Infrastructure and Assets authorised person:  Name:  Signature:  Date: |

**APPROVAL FOR BACKFILL FOR ALL ELECTRICAL AND PLUMBING INSTALLATIONS**

|  |  |
| --- | --- |
| *Approval is granted to backfill the above excavation* | Infrastructure and Assets authorised person:  Name:  Signature:  Date:  Approval granted Y  No  If No, why: |

**COMPLETION OF WORKS**

|  |  |
| --- | --- |
| *I hereby certify that work is complete and area is inspected and made safe. All services have been restored. Impacted staff have been notified.* | Officer in charge:  Name:  Signature:  Date: |

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