# 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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| *I hereby certify that work is complete and area is inspected and made safe. All services have been restored. Impacted staff have been notified.* | Infrastructure and Assets authorised person: Name:      Signature:      Date:       |

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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

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| 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 |
| **Permit number:** |       | Date of issue |       | Work order number |       |

**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**

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| *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:       |

**CLOSE OUT OF PERMIT**

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