

PERMIT TO EXCAVATE

Project Name:

Emergency Contact Numbers:

Project Work Details:

1.(a) Location of Work

(b) Name of Contractor

Address:

.....

(c) Site Supervisor's Name

(d) Out of Hours Phone Contact No.

(e) Permit Valid

From: Date: / / Time:
am/pm

To: Date: / / Time:
am/pm

(f) Description of work to be undertaken

.....

.....

(g) Plant and Equipment involved

(h) Plant and equipment services and records available and acceptable Yes No

(i) Is a Dilapidations Report necessary? Yes No (if yes, is it attached?)

(j) Initiator of Request (Subcontract Date Time:
.....am/pm

(i) Fire

(ii) Police

(iii) Ambulance

(iv) Poisons Info Line

(v) Chemical Hazards Unit

(vi) Telephone/Data

(vii) Electrical

(viii) Gas/Fuel Supplier

(ix) Water

(x) Sewerage

(xi) Traffic Control

(xii) Building Manager/Client

(xiii) Proline Supervisor

**A RISK ASSESSMENT MUST BE UNDERTAKEN AND A COPY IS TO BE ATTACHED TO THIS PERMIT.
THE REMAINING DETAILS OF THIS PERMIT ARE TO BE IMPLEMENTED,
CHECKED AND COMPLETED BY THE SUBCONTRACTOR BEFORE WORK PROCEEDS.
ONLY WORK LISTED MAY BE DONE**

2. ISOLATION OF WORK AREA

The items ticked below have been isolated and made safe:

- (a) Pipelines (water, steam, gas, fuel, etc)
- (b) Cable telephone/communications
- (c) Pits/containers, tanks-all underground pits/tanks have been isolated/purged and made safe)
- (d) Electrical-cables, conduits, switchboards

Yes	N//
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

3. IDENTIFICATION OF UNDERGROUND SERVICES

The items ticked below have been isolated and made safe:

- (a) Services will be located using service/cable/pipe locations
- (b) Existing services and identified services have been chalked/line marked or painted onto ground surface or identified by other means (flags or plastic tape)
- (c) A site plan, drawings or sketch is marked up and the services (location and type) are identified on the plan/drawings

Yes	N//
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

4. OTHER PRECAUTIONS

The following precautions will be observed:

Yes	N//
<input type="checkbox"/>	<input type="checkbox"/>

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- | | | |
|---|--------------------------|--------------------------|
| (a) Excavation by hand will occur within 600mm of underground services | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Services will be temporarily supported during excavation to prevent damage | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Exposed services will be tagged with appropriate warning or danger tags | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Shoring/battering/rock bolting procedures are available and will be checked by a competent person | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Adjoining structures will be underpinned to an engineer's design (attached) | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Barricades, signs and flashing lights will be used | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Police/flagmen have been engaged | <input type="checkbox"/> | <input type="checkbox"/> |
| (h) Road/footpath closure permits have been obtained | <input type="checkbox"/> | <input type="checkbox"/> |
| (i) Overhead power lines etc have been identified/isolated/protected by tiger tails | <input type="checkbox"/> | <input type="checkbox"/> |
| (j) Will Plant/equipment come near overhead power lines
If yes, how close? (Conduct a Risk Assessment) | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| | Yes | N/A |
| (k) Excavation area properly ventilated | <input type="checkbox"/> | <input type="checkbox"/> |
| (l) Earthmoving plant has been fitted with ROPS | <input type="checkbox"/> | <input type="checkbox"/> |
| (m) Lifting gear and plant is suitable to hoist material (lifting hooks and slings on excavators) | <input type="checkbox"/> | <input type="checkbox"/> |
| (n) Shoring details/drawings and procedures have been provided and designed by a competent person and a copy is attached | <input type="checkbox"/> | <input type="checkbox"/> |

5. EMERGENCY RESPONSE ARRANGEMENTS

- | | | |
|--|--------------------------|--------------------------|
| | Yes | N/A |
| (a) Standby persons are available: - 1..... 2.....
3..... | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Emergency response procedures for works in trenches/excavations are attached and understood by people involved | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Emergency recovery equipment to be used is: | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Procedures for prevention of water ingress or erosion have been developed (attached) | <input type="checkbox"/> | <input type="checkbox"/> |

6. INSPECTION BY OTHER TRADES

The following other Service Trades have been contacted and have inspected the area:-

Name: Signature: Date:

Name: Signature: Date:

7. COMPETENT PERSON (to complete)

I have inspected the area and advise that shoring * is/is not * required for the works outlined in this permit and for the period of time outlined in this permit.

A design of the shoring system* is/is not * required (a copy of the shoring design and drawings/details are attached)

Details of my qualifications and experience are

Signed..... (competent person)

Appointment of competent person

Name is appointed as a competent person for these works.

Signed..... (Proline Project Manager)

8. SUBCONTRACTOR HOLD POINT

This permit has been completed by the contractor and the works may proceed based on the requirements outlined on this permit, the respective Subcontractor Safe Work Method Statements, EWH&S legislation,

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Codes and Specifications..

Subcontractor:.....Date: .../.../.... Time: am/pm

* I / We * understand the procedures required for the works and the safety equipment and measures to be used.

Signed: [Employee] Date: .../.../.... Time: am/pm

Signed: [Employee] Date: .../.../.... Time: am/pm

9. REVIEW HOLD POINT (to be completed by Proline):

This permit has been reviewed by Proline and the works may proceed based on the requirements outlined on this permit and the respective Subcontractor Safe Work Method Statements, WEH&S legislation, Codes and Specifications are complied with.

Proline :.....Date:/...../..... Time: am/pm

10. WORK SUSPENDED

All persons and equipment have been removed from the excavation or trench and work has been suspended. The following observations of unsatisfactory aspects of the Permit to Excavate are noted for attention prior to undertaking further work:

.....
.....
.....

General Foreman/Site Supervisor:..... [Proline] Date: .../.../.... Time: am/pm

11. WORK COMPLETED

All persons and equipment have been removed and work has been completed .

General Foreman/Site Supervisor:..... [Proline]

Date: .../.../.... Time: am/pm