

# Excavations - Permit to Dig



|                           |            |                            |                          |            |                      |  |
|---------------------------|------------|----------------------------|--------------------------|------------|----------------------|--|
| <b>Contract Title:</b>    |            |                            |                          |            | <b>Contract No:</b>  |  |
| <b>Location of Works:</b> |            |                            |                          |            | <b>Date of Work:</b> |  |
| <b>Risk Assessment:</b>   | <b>Yes</b> | <b>No</b><br>→ <b>STOP</b> | <b>Method Statement:</b> | <b>Yes</b> | <b>No</b>            |  |
| <b>Person in Charge:</b>  |            |                            |                          |            |                      |  |

## Part 1 Description of Work *(Include if appropriate Safe Method of digging when within 0.5 metres of services)*

|                                                   |      |      |      |        |         |       |  |
|---------------------------------------------------|------|------|------|--------|---------|-------|--|
| Anticipated period that excavation will be open:  |      |      |      |        | Hours   | Days  |  |
| Type of ground to be excavated- <i>(Tick box)</i> | Rock | Clay | Sand | Gravel | Mixture | Other |  |
| Describe the work to be carried out:              |      |      |      |        |         |       |  |

## Part 2 Precautions to be Taken Before Work *(Provide further details to these questions in part 3)*

|                                                                                              | Yes | No          |                                                                            | Yes         | No          |               |
|----------------------------------------------------------------------------------------------|-----|-------------|----------------------------------------------------------------------------|-------------|-------------|---------------|
| Service Utility records checked                                                              |     | <b>Stop</b> | Is there a danger of collapse or undermining adjacent structure/road etc.? | <b>Stop</b> |             |               |
| Site Maintenance Plans checked                                                               |     |             | Will excavation support be required?                                       |             |             |               |
| Electro-location (CAT scan) survey carried out by trained competent person.                  |     | <b>Stop</b> | Is ground support available on site?                                       |             | <b>Stop</b> |               |
| Will underground services be marked on site?                                                 |     | <b>Stop</b> | Will anyone enter the excavation?                                          |             |             |               |
| Services marked on site drawings                                                             |     |             | Could water enter the excavation?                                          | <b>Stop</b> |             |               |
| Supervision informed of location of services                                                 |     | <b>Stop</b> | Could gas enter the excavation?                                            | <b>Stop</b> |             |               |
| Trial holes dug if service identified                                                        |     | <b>Stop</b> | Will Confined Space Permit be required?                                    |             |             |               |
| Are there any overhead cables or other restrictions on the use of excavators/plant           |     |             | Other                                                                      |             |             |               |
| <b>What services have been identified? (tick box &amp; identify size, type and how many)</b> | Gas |             | Electricity                                                                | Water       | Telecom     | Other (state) |
| Any other precautions required:                                                              |     |             |                                                                            |             |             |               |

## Part 3 Precautions During Work *(Tick boxes as appropriate)*

|                                                        |          |               |                                            |                |                          |                |                |       |
|--------------------------------------------------------|----------|---------------|--------------------------------------------|----------------|--------------------------|----------------|----------------|-------|
| Type of Excavation support                             | Drag box | Driven sheets | Piling sheets                              | Fully timbered | Hit/Miss sheeting        | Jacking system | Battered sides | Other |
| Type of Edge Protection                                |          |               |                                            |                | Type of gas monitoring → |                |                |       |
| Adequate Access/Egress                                 | Yes      | No            | Are existing services marked out on site   |                |                          |                | Yes            | No    |
| Are other restrictions identified in Part 2 controlled |          | <b>Stop</b>   | Are existing services adequately supported |                |                          |                | Yes            | No    |
| Note size and type of service →                        |          |               |                                            |                |                          |                |                |       |
| Any other precautions to be taken:                     |          |               |                                            |                |                          |                |                |       |
| <b>Permit Valid From:</b>                              |          |               |                                            |                | <b>Time of Expiry:</b>   |                |                |       |

## Part 4 Authorisations

**ONLY AMSPEC AUTHORISED PERSONS MAY COMPLETE AND ISSUE THIS PERMIT.**

**PLEASE NOTE: SERVICE LOCATION DRAWINGS ARE SUPPLIED FOR GUIDANCE ONLY AND DO NOT REPLACE THE NEED FOR SAFE DIGGING PRACTICES AND CABLE AVOIDANCE / LOCATION TOOL USE.**

All Signatories to this Permit confirm that they understand the precautions to be taken prior to and during the work. The Recipient of this Permit is responsible for the safety of all persons and equipment involved. Only the Authorised Person can cancel this Permit.

|                                              | Name | Signature | Time | Date |
|----------------------------------------------|------|-----------|------|------|
| <b>Permit issued by (Authorised Person):</b> |      |           |      |      |
| <b>Recipient of Permit:</b>                  |      |           |      |      |
| <b>Surrendered by:</b>                       |      |           |      |      |
| <b>Cancelled by (Authorised Person):</b>     |      |           |      |      |

