PERMIT TO DIG - UNDERGROUND SERVICES

NERO
PILING & GROUND ENGINEERING

Works Information		Permit Duration	
Contract Name:		**Valid From:**	**Valid Until:**
Contract Number:			
Principal Contractor/ Client name:			
Name of Site Manager:			
Project Start Date:			

Note: Prior to completion of this form, the Competent Person appointed by the **Principal Contractor/Client** to locate the services must be satisfied that all necessary actions have been taken to comply with HSE Guidance Document HSG 47 - Avoiding Danger From Underground Services.

SECTION A-B TO BE COMPLETED BY THE PRINCIPAL CONTRACTOR, MAIN CONTRACTOR OR CLIENT

A - Planning & Investigation Stage

A1 **Type of Foundation / Pile / Excavation** _____

A2
a) Construction Drawing Ref. _____
b) Description / Grid Ref. for work zone inspected _____

A3
a) Service Plans for the area defined above have been inspected **Yes** ☐ **No** ☐
Please List the Service Plans Drawings inspected in A4:

A4

Type	Description	Location	Proximity to works
Electricity			
Gas *Piling or vertical boring conducted within 15 metres of any gas pipe then the gas provider must be consulted before work can proceed			
Water			
Telecoms			
Waste			
Other - Provide a description			

A5
a) Are the works to be carried out in an area known to be affected by UXO? **Yes** ☐ **No** ☐
If YES - has a UXO risk assessment been carried out in accordance with CIRIA C681 and what mitigation measures have been recommended. Please pass on the relevant information from the UXO report.

B - Identification			
B1	a) The PC/Main Contractor/Client's Competent Person has scanned the area defined in A2 (b) with a service locating device?	Yes ☐	No ☐
B2	a) Has Section A3 indicated the presence of any services? Or has B1 identified the presence of any services within the vicinity of our works? **If NO, please move on to Section B3**	Yes ☐	No ☐
	if Yes, have the service locations been confirmed by trial holes?	Yes ☐	No ☐
	(If not the reason must be justified below)		
	a) Has the gas provider been consulted? (if gas within 15.0m)	Yes ☐	No ☐
	State controls specified by the gas provider: ……		
	If no, state reason why:-		
B4	a) Have services/utilities within 2.0m been exposed?	Yes ☐	No ☐

Competent Person.
Principal Contractor / Main Contractor / Client* (*delete as necessary)

Signed	Print	Company	Position	Date
.....	.....	.....	.....	.....

Note: It is the responsibility of the Principal Contractor/ Client to ensure that the correct steps have been taken to avoid danger from underground services, as per the HSE Guidance Document HSG 47 - Avoiding Danger From Underground Services.

I clearly understand the limits to the location of the work zone released by this Permit to Dig.

	Sign & Print	Date
Foreman:	.....	.....
2nd Operative:	.....	.....
3rd Operative:	.....	.....
4th Operative:	.....	.....