Permit Sr. #: _____

a. Precautions must be taken related to;

- Existing buried services (Electricity – Water – Gas);
- Working around the pre-existing structures e.g., buildings, foundations, installations etc.;
- Working near the road/traffic route;
- Those areas where hazardous conditions may arise due to work activity;

1. General Information

Client Name			**Contractor Name**		
Project Name			**Location**		
Permit Date		**Permit Validity**		**Issued By**	

2. Work Activity Details

Excavation Details

Excavation Width		**Excavation Depth**		**Excavation Length**	
Performing Body					
In-charge Name		**Designation**		**Contact #**	

3. Electrical

a. Details of the underground cables present in the area, available on site and location identified?	Yes ☐	No ☐
b. Isolation has been done?	Yes ☐	No ☐
c. Safe digging required?	Yes ☐	No ☐

4. Temporary Electrical Work

a. Details of the underground temporary electrical cables present, and location identified?	Yes ☐	No ☐
b. Isolation has been done?	Yes ☐	No ☐
c. Safe digging required?	Yes ☐	No ☐

5. Instruments

a. Instruments required to perform the job near the buried services?	Yes ☐	No ☐
b. Precautions have been taken to perform the digging job?	Yes ☐	No ☐

6. Buried Services

a. Other buried services have been identified & isolated? e.g., water, gas, internet, telephone line?	Yes ☐	No ☐
b. The stored gas or water in respective lines have been extracted safely?	Yes ☐	No ☐
c. The internet and telephone cables have been isolated and checked for any electric current?	Yes ☐	No ☐

7. Emergency Arrangements

Cross Over	Yes ☐	No ☐	Barricades	Yes ☐	No ☐
Blocks	Yes ☐	No ☐	Road Signs	Yes ☐	No ☐
Benching	Yes ☐	No ☐	Shoring	Yes ☐	No ☐
Fire Extinguisher	Yes ☐	No ☐	First Aid Box	Yes ☐	No ☐

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8. Safety Equipment Required

Face Mask	Yes ☐	No ☐	Gloves	Yes ☐	No ☐
Gas Mask	Yes ☐	No ☐	Eye Protection	Yes ☐	No ☐
Non-Conductive Handle Tools	Yes ☐	No ☐	Others	Yes ☐	No ☐

9. Emergency Contact Details

Emergency Contact Details available onsite with reasonable communication devices?	Yes ☐	No ☐

Designation	Name	Contact Number

10. Workers Competency

Workers are trained, competent, experienced and have knowledge to perform the job?	Yes ☐	No ☐
Toolbox talk and information about work activity has been delivered to the workers?	Yes ☐	No ☐
Workers have relevant PPEs and equipment to perform the job?	Yes ☐	No ☐

11. Remarks

The buried services have been identified, located and marked?	Yes ☐	No ☐
The required safety arrangement s and emergency arrangements have been made?	Yes ☐	No ☐
Workers are trained and competent to perform the job?	Yes ☐	No ☐
The above-mentioned work activity can be performed?	Yes ☐	No ☐

12. Comments

Permit Prepared By	Permit Approved & Issued By	Permit Received By