| Logo | Excavation Clearance Work Permit | Doc Ref #: XYZ/IMS/QHSE/F/00<br>Issue Date: DD-MM-YYYY<br>Rev #: 00 |  |  |
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Permit Sr. #:

| a. Pr   | a. Precautions must be taken related to;   |           |        |              |                 |               |      |      |      |
|---|--|-----------|--------|--------------|-----------------|---------------|------|------|------|
| <ul> <li>Existing buried services (Electricity – Water – Gas);</li> <li>Working around the pre-existing structures e.g., buildings, foundations, installations etc.;</li> <li>Working near the road/traffic route;</li> <li>Those areas where hazardous conditions may arise due to work activity;</li> </ul> |  |           |        |              |                 |               |      |      |      |
| 1. G  | eneral Info  | rmation   |        |              |                 |               |      |      |      |
| Client I  | Name   |           |        |              | Contractor Name |               |      |      |      |
| Project   | t Name   |           |        |              | Location        |               |      |      |      |
| Permit  | : Date   |           | Permit | t Validity   |                 | Issued By     |      |      |      |
| 2. W  | ork Activit  | y Details |        |              |                 |               |      |      |      |
| Excava  | ation Details  | 5         |        |              |                 |               |      |      |      |
| Excava  | tion Width   |           | Exca   | vation Depth | ı               | Excavation Le | ngth |      |      |
| Perforr   | ming Body  |           |        |              |                 |               |      |      |      |
| In-char   | rge Name   |           | 0      | Designation  |                 | Contact #     |      |      |      |
| 3. El   | ectrical   |           |        |              |                 |               |      |      |      |
| а. [  | a. Details of the underground cables present in the area, available on site and location identified?  Yes No |           |        |              |                 |               |      |      |      |
| b. I  | b. Isolation has been done?  |           |        |              |                 |               |      |      |      |
| c. S  | c. Safe digging required?  |           |        |              |                 |               |      |      | No 🗆 |
| 4. Temporary Electrical Work  |  |           |        |              |                 |               |      |      |      |
| a. Details of the underground temporary electrical cables present, and location identified?  Yes No   |  |           |        |              |                 |               |      |      |      |
| b. I  | b. Isolation has been done?  |           |        |              |                 |               |      | No 🗆 |      |
| c. Safe digging required?   |  |           |        |              |                 |               | 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. 1  | 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   |  |           |        |              |                 |               |      |      |      |

|   | Excava                   |                             | Doc Ref #: XYZ/IMS/QHSE/F/00                |                       |    |             |                          |
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|   |                          |                             | Τ —   | _                     |    |             |                          |
| Cross Over  |                          | Yes 🗀                       | No U  | Barricades            |    | Yes 🗀       | No L                     |
| Blocks  |                          | Yes 📙                       | No L  | Road Signs            |    | Yes 📙       | No L                     |
| Benching  |                          | Yes 🗌                       | No 🗆  | Shoring               |    | Yes 🗌       | No 🗆                     |
| Fire Extinguishe  | r                        | Yes 🗌                       | No 🗆  | First Aid Box         |    | Yes 🗌       | No 🗆                     |
|   |                          |                             |   |                       |    | (Continue o | n Next Pag               |
| 8. Safety Eq  | uipment 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. Emergend   | cy Contact Details       |                             |   |                       |    |             |                          |
| Emergency Cont  | tact Details available o | nsite with rea              | asonable con                                | nmunication devices?  | )  | Yes 🗆       | No 🗆                     |
| De  | esignation               |                             | Name  |                       |    | ct Number   | <u>I</u>                 |
|   |                          |                             |   |                       |    |             |                          |
|   |                          |                             |   |                       |    |             |                          |
|   |                          |                             |   |                       |    |             |                          |
|   |                          |                             |   |                       |    |             |                          |
|   |                          |                             |   |                       |    |             |                          |
|   |                          |                             |   |                       |    |             |                          |
|   |                          |                             |   |                       |    |             |                          |
| 10. Workers (   | Competency               |                             |   |                       |    |             |                          |
| Workers are trai  | ned, competent, expe     | rienced and h               | nave knowled                                | dge to perform the jo | b? | Yes 🗌       | No 🗆                     |
| Toolbox talk and  | l information about wo   | ork activity ha             | as been deliv                               | ered 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? |                          |                             |   |                       |    | No 🗆        |                          |
|   |                          |                             |   |                       |    | Yes 🗌       | No 🗆                     |
| Workers are trained and competent to perform the job?  Ye     |                          |                             |   |                       |    | Yes 🗌       | No 🗆                     |
| The above-mentioned work activity can be performed? Yes No    |                          |                             |   |                       |    | No 🗆        |                          |
| 12. Comments  |                          |                             |   |                       |    |             |                          |

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| Permit Prepared By | Permit Approved & Issued By | Permit Received By |
|--------------------|-----------------------------|--------------------|
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