Logo	Excavation Work Permit	Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY
	QHSE Forms	Rev #: 00
	Organization Name	Page 1 of 3

Permit Sr. #:

								Perm	iit Sr. #	t	
1.	1. General Information										
Proi	ect Name				s	ite Nar	ne				
				E	xcavat	on Depth					
Permit Date Permit Validity								Issued By			
	Work Activit	v and To	ools Details					issued by			
	Work Scope	, and 10		-, - coop							
2.1.	work scope										
2.2.	Excavation H	azards a	nd Controls	i							
	Hazards				Ris	ks				Responsil	oility Of
											•
2 2	Tools & Equi	oment Li	c+			2.4	Porsonal	Protective Eq	uinme	nt .	
	100is & Equi	pinent Li	<u> </u>			1	reisoliai	Protective Eq	шрппе	=111	
2						2					
3						3					
4						4					
5						5					
3.	Buried Servi	ces List -	- 🗸 the corre	ect option							
a.	Have services b	een ident	tified and the	y impact th	e work acti	ivity?				Yes 🗌	No 🗆
b.	There are no bu	uried serv	ices on the e	xcavation pl	ace or in th	he vicir	ity of the e	xcavation area	?	Yes 🗌	No 🗆
	Electrical Services Gas or Fuel Tank Pipeline										
	Telephone/ Internet Cable						Water Pipeline e.g., stormwater, sewerage, irrigation				
Control Wiring						Non-live E	lectrical Wiring	5			
Identification Date Depth			Identified By								
4.	Trench Colla	pse Prev	vention								
	Shoring		Butt	ering			Benching			Written Perm	ission
5.	Workers Cre	dentials									

		E	xcavation	Work Pei	rmit		E: XYZ/IMS/QHSE/F/00 Le Date: DD-MM-YYYY Rev #: 00 Page 2 of 3	
	Logo		QHS	E Forms		13340		
		Organization Name						
a.	Workers are	trained to perform th	e job, they ur	nder the wor	k associated hazards?		Yes	No 🗆
b.	Information and Toolbox Talk has been provided to the workers before start of job?							No \square
c.	Training certificates of the workers have been verified by the management?						Yes 🗌	No 🗆
6.	Work Rela	ited Hazards and I	Polovant Co	ntrol Mea	sures Chacklist			
<u>.</u>	T T T T T T T T T T T T T T T T T T T		verevant ee	ontrol lvica				
1	Will the wo	orkers will enter the ex	cavation?				Yes 🔲	No L
2		tion will be done mor					Yes 🗌	No 🗆
3		s of access & exit from the ladders are placed					Yes 🗌	No 🗌
4	Trench coll	apse will be prevented	d using preve	ntion means?	?		Yes 🗌	No 🗆
5	- Presen	al, safe entry will be de tee of one person at the etent supervisor prese tion log on daily basis.	e time of enti nce, inspectin	-	vation tion, and maintaining exco	avation	Yes 🗌	No 🗆
6	Movement	of the heavy vehicles	/ earthmovin	g plant is pro	hibited near the excavation	n?	Yes 🗌	No 🗌
7	Safety signs have been placed and area has been barricaded to prevent object/worker fall?							No 🗆
8	Excavation cover is provided to cover the trench when work time is off?						Yes 🗌	No 🗆
9	Safe diggin	Safe digging practice will be adopted near the buried services?						No 🗆
10	Trench/ Excavation will be tested for any fumes/chemicals/gas's presence?						Yes 🗌	No 🗆
11	Emergency arrangements have been made to counter and address any emergency?						Yes 🗌	No 🗌
7.	Other Cor	trol Measures						
8.	Emergenc	y Arrangements						
Barricades			Yes 🗌	No 🗆	Safety Signs		Yes 🗌	No 🗆
Fire Extinguisher		Yes 🗌	No 🗆	First Aid Box		Yes 🗌	No 🗆	
9.	Emergenc	y Contact Details						
Em	Emergency Contact Details available onsite with reasonable communication devices?					Yes 🗌	No \square	
	Designation		Name					mber

		Excavation Work Per	Doc Ref #: XYZ/IMS/QHSE/F/00 Issue Date: DD-MM-YYYY						
Logo		QHSE Forms			Rev #: 00				
		Organization Name	e		Pa	ge 3 of 3			
			•						
10. Permit Re	quest								
commenced by t - I'm satisfied - All the plant	he compet after revie ned control	Requesting Body Name acknowled ent workers. As the person requestin wing the relevant Risk Assessment ar measures will be adopted and imple vill be monitored, all the hazards will	g this permit, I hereby certind Excavation Permit; mented at all levels of the v	fy that; vork task;					
11. Authorizir	ng and Re	ceiving Bodies	Receiving Body						
Authorizing Nan	ne		Receiver Name						
Signature			Signature						
Issuing Date			Valid Till						
Date			Time						
12. Work Con	pletion								
a. The system		Yes 🗌	No 🗆						
b. The area ha		Yes 🗌	No 🗆						
c. The equipm		Yes 🗌	No 🗆						
d. Locked and	d. Locked and Tagged control panels have been released by the competent person? Yes No								
13. Cancellat	tion								
		mention activity has been complete dy to be used for normal routine ope			ea is free of	hazardous			
Permit Issued I	Зу		Permit Received By						
Authorizing Na	me		Receiver Name						
Signature			Signature						
Issuing Date			Valid Till						
Date			Time						