**Permit Sr. #:** _____

## 1. General Information

| | | | | | |
|---|---|---|---|---|---|
| **Project Name** | | | **Site Name** | | |
| **Activity Location** | | | **Excavation Depth** | | |
| **Permit Date** | | **Permit Validity** | | **Issued By** | |

## 2. Work Activity and Tools Details/Description

### 2.1. Work Scope

### 2.2. Excavation Hazards and Controls

| Hazards | Risks | Responsibility Of |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

### 2.3. Tools & Equipment List

| | |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

### 2.4. Personal Protective Equipment

| | |
|---|---|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

## 3. Buried Services List - ✔ the correct option

| | | |
|---|---|---|
| a. Have services been identified and they impact the work activity? | Yes ☐ | No ☐ |
| b. There are no buried services on the excavation place or in the vicinity of the excavation area? | Yes ☐ | No ☐ |

| | | | |
|---|---|---|---|
| | Electrical Services | | Gas or Fuel Tank Pipeline |
| | Telephone/ Internet Cable | | Water Pipeline e.g., stormwater, sewerage, irrigation |
| | Control Wiring | | Non-live Electrical Wiring |

| | | | | | |
|---|---|---|---|---|---|
| **Identification Date** | | **Depth** | | **Identified By** | |

## 4. Trench Collapse Prevention

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | Shoring | | Buttering | | Benching | | Written Permission |

## 5. Workers Credentials

| | | | |
|---|---|---|---|
| a. | Workers are trained to perform the job, they under the work associated hazards? | Yes ☐ | No ☐ |
| b. | Information and Toolbox Talk has been provided to the workers before start of job? | Yes ☐ | No ☐ |
| c. | Training certificates of the workers have been verified by the management? | Yes ☐ | No ☐ |

## 6. Work Related Hazards and Relevant Control Measures Checklist

| | | | |
|---|---|---|---|
| 1 | Will the workers will enter the excavation? | Yes ☐ | No ☐ |
| 2 | The excavation will be done more than 1.5m deep? | Yes ☐ | No ☐ |
| 3 | Safe means of access & exit from the excavation are available? e.g., ladder.<br>- *If yes, the ladders are placed at the distance of 9m from each other?* | Yes ☐ | No ☐ |
| 4 | Trench collapse will be prevented using prevention means? | Yes ☐ | No ☐ |
| 5 | As a general, safe entry will be done via;<br>- *Presence of one person at the time of entry in the excavation*<br>- *Competent supervisor presence, inspecting the excavation, and maintaining excavation inspection log on daily basis.* | Yes ☐ | No ☐ |
| 6 | Movement of the heavy vehicles/ earthmoving plant is prohibited near the excavation? | Yes ☐ | No ☐ |
| 7 | Safety signs have been placed and area has been barricaded to prevent object/worker fall? | Yes ☐ | No ☐ |
| 8 | Excavation cover is provided to cover the trench when work time is off? | Yes ☐ | No ☐ |
| 9 | Safe digging practice will be adopted near the buried services? | Yes ☐ | 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 Control Measures

## 8. Emergency Arrangements

| | | | | | | |
|---|---|---|---|---|---|---|
| Barricades | Yes ☐ | No ☐ | Safety Signs | Yes ☐ | No ☐ |
| Fire Extinguisher | Yes ☐ | No ☐ | First Aid Box | Yes ☐ | No ☐ |

## 9. Emergency Contact Details

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

| Designation | Name | Contact Number |
|---|---|---|
| | | |
| | | |
| | | |

| | | |
|---|---|---|
| | | |
| | | |
| | | |

## 10. Permit Request

The permit requested by **Requesting Body Name** acknowledges that the work activity mentioned in **Section 2.1** can be commenced by the competent workers. As the person requesting this permit, I hereby certify that;

- I'm satisfied after reviewing the relevant Risk Assessment and Excavation Permit;
- All the planned control measures will be adopted and implemented at all levels of the work task;
- All the work activities will be monitored, all the hazards will be controlled, & emergency arrangements will be made;

| 11. Authorizing and Receiving Bodies | | Receiving Body | |
|---|---|---|---|
| **Authorizing Name** | | **Receiver Name** | |
| **Signature** | | **Signature** | |
| **Issuing Date** | | **Valid Till** | |
| **Date** | | **Time** | |

## 12. Work Completion

| | | |
|---|---|---|
| a. The system has been tested after maintenance and is safe to use for normal operation? | Yes ☐ | No ☐ |
| b. The area has been de-sealed and handed over to in charge for normal operation? | Yes ☐ | No ☐ |
| c. The equipment, tools and debris has been removed from the workplace? | Yes ☐ | No ☐ |
| d. Locked and Tagged control panels have been released by the competent person? | Yes ☐ | No ☐ |

## 13. Cancellation

I ensure that the above mention activity has been completed successfully and safely. The work area is free of hazardous material and tools and ready to be used for normal routine operation. The permit can be cancelled.

| Permit Issued By | | Permit Received By | |
|---|---|---|---|
| **Authorizing Name** | | **Receiver Name** | |
| **Signature** | | **Signature** | |
| **Issuing Date** | | **Valid Till** | |
| **Date** | | **Time** | |