



Form: Excavation and Trenching Permit

Contractor's Name and Company _____

Description of Work _____

Location of Work (Campus & Block) _____

Checklist

| | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| All underground services positively located and marked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Nature of ground investigated (soil/rock, wet/dry etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Possibility of flooding reviewed (drain, run-off etc) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All shoring and support issues addressed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spoil pile safely located | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safe means of access / egress provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All personal protective equipment issued | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Machinery safety considered | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All certificates and licences current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Excavation/trench secured from public access | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Contractor's Supervisor _____

Date / /

Signature _____

NOTE: NO WORK CAN COMMENCE UNTIL PERMIT IS AUTHORISED BY SOUTH REGIONAL TAFE

OFFICE USE ONLY

Excavation and Trenching Permit Authorisation

| | | | | | | | | | | |
|------------------------|--------------|-------|----|---|---|----|-------|------|---|---|
| Permit No: | Permit valid | am/pm | on | / | / | to | am/pm | on | / | / |
| | from: | | | | | | | | | |
| Name of SRTAFE Contact | | | | | | | | Date | / | / |
| Signature | | | | | | | | | | |

Completion of Work

The work has been completed as required and the area has been made safe.

| | | | | | | | | | | |
|------------------------|--|--|--|--|--|--|--|------|---|---|
| Name of SRTAFE Contact | | | | | | | | Date | / | / |
| Signature | | | | | | | | | | |

Related documents

Policy: OSH Statement of Commitment and Intent