

Excavation Permit

General Details

Permit Number: _____

Excavation Location*: _____

Date Issued*: _____

Start Date*: _____

End Date*: _____

Excavation Supervisor*: _____

Supervisor Contact Number: _____

Excavation Details

Type of Excavation*: _____ > Options: Mechanical, Manual, Both, Other

Estimated Depth (m): _____

Estimated Length (m): _____

Estimated Width (m): _____

Snapping/Shielding Required

Soil Type*: _____ > Options: Stable Rock, Type A, Type B, Type C, Unknown

Utility Locate Completed*

Utility Locate Reference No.: (Fill only if applicable)

Control Measures

All Identified Services Isolated*

Atmospheric Testing Required

Atmospheric Test Result*: _____ > Options: Safe, Not Safe, Not Applicable

Safe Access/Egress Provided*

Barricades/Signage In Place*

Trench Inspection Frequency: _____ > Options: Daily, Before Each Shift, After Rain, Other

Authorisation

Permit Issuer Name*: _____

Permit Issuer Signature*: _____ (Sign above)