

PERMIT NUMBER

EXC _____

Permit – Excavation/Trenching Permit

PART 1 – PERMIT DETAILS – Available on BSAFE

Work Order/Project #	
Permit Holder Name	
Permit Holder Contact Number	
Company	
Permit Request Date & Time	

All services are to be considered live unless specifically noted otherwise:

Dial Before You Dig must be utilised prior to ALL excavations (Dial 1100 or www.1100.com.au)

Excavation/Trenching Permit (Open) – To be completed by Permit Holder	
Description of the work	
Location of works	
SWMS specific to the work are in place and have been reviewed by all workers?	<input type="checkbox"/> Confirmed
SWMS have been consulted with work group and approved by person in control of works	<input type="checkbox"/> Confirmed
Underground services search has been conducted and a report has been provided identifying services in close proximity	<input type="checkbox"/> Confirmed
Select the controls that are in place:	<input type="checkbox"/> Work area is cordoned off and/or barricaded with warning signs in place <input type="checkbox"/> Emergency exits, muster points, procedures in place and understood <input type="checkbox"/> All workers are licenced and competent to perform the works <input type="checkbox"/> Services in the work area will be exposed by hand and (pitholed) prior to any mechanical excavation <input type="checkbox"/> Underground services will be traced (mandatory on Defence sites) <input type="checkbox"/> Excavation within 1 metre of Services will be by hand only <input type="checkbox"/> Excavations >1.5m will have controls to prevent collapse – i.e. shoring or other engineered methodology
Have any underground or overhead services been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No - provide comment why
Soil Management	
Is a Preliminary Soil Screening (PSS) process needed ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Confirm the following are in place*	<input type="checkbox"/> Soil management arrangements are in place and discussed with client/client representative <input type="checkbox"/> SWMS updated with the soil storage and transportation requirements <input type="checkbox"/> SWMS updated with the soil disposal requirements

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<input type="checkbox"/> SWMS updated with back-filling requirements <input type="checkbox"/> Yes - If yes, attach a photocopy of field card to this form as part of submission. <input type="checkbox"/> NA	
Has the Telstra Soil Inspection Field Card been completed for all excavation and Soil Management processes being performed on the project (TELSTRA ONLY)?*	
Please detail any other controls in place:	
Permit Holder Name:	
Permit Holder Signature	
Date	
Permit Authorisation (Approval) - To be completed by Permit Issuer:	
Approval Type	<input type="checkbox"/> On-site Approval <input type="checkbox"/> Off-site Approval. Provide reasoning for offsite
Date of Approval	
Permit Issuer Name	
Permit Issuer Role	
Permit Issuer Signature	
Excavation/Trenching Permit Closure:	
Location of excavation/trenching	
Confirm the following :	<input type="checkbox"/> The works have been completed safely <input type="checkbox"/> All workers have left the work area <input type="checkbox"/> All tools and equipment have been removed from the space <input type="checkbox"/> Access to the excavation area has been secured to prevent access <input type="checkbox"/> The site representative has been advised the works to have been completed/secured <input type="checkbox"/> Excavation/trench is shored, benched or battered to prevent collapse
Insert any additional Comments/Details	
Additional information/Comments:	
Upload photo to confirm area is secure:	<input type="checkbox"/> Confirmed.
Date/Time*	
Permit Holder Name	
Permit Holder Signature	
Permit Issuer Name	
Permit Holder Signature	