



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: Work Health and Safety

Process: Confined Space and Restricted Space Entry

Process: Electrical Equipment – Inspection, Testing and Repair