

This permit to work is issued to the nominated recipient for the specific occasion stipulated below:

SECTION 1 - TO BE COMPLETED BY THE PERMIT ISSUER (PERSON AUTHORISING THE PERMIT)			
MEX Work Order No.			
Permit is valid from:	/...../.....	To:/...../.....
Permit issued to:	Organisation/Company:		
	Contact name:		
	Telephone Number:		
Location of dig/excavation (attach plan of area showing excavation depth below ground):		As shown on GIS site map	
Reason for and description of works:			
Excavation Method:		<input type="checkbox"/> Hand (shovel, etc) <input type="checkbox"/> Hydro Vac <input type="checkbox"/> Machine (jackhammer, backhoe, excavator etc)	
Checklist & Authorisation			Initial
Will the works impact on or disturb asbestos-containing materials?		Y / N	
If yes, has an Asbestos Work Permit been submitted by the Contractor?		Y / N	
Photos have been taken of existing condition of paths, gardens, reticulation etc to ensure correct re-instatement of area upon completion of work.		Y / N	
Manager, Infrastructure Services has reviewed and approved excavation.		Y / N	
Manager, Communication Systems and Architecture has reviewed and approved excavation where applicable.		Y / N	
Risk Assessment has been carried out and is attached.		Y/ N/ NA	
Safe Work Method Statement has been produced and is attached.		Y / N	
I have examined the area specified and permission is given for the work to start, subject to the conditions hereon			
NAME:		SIGNATURE:	DATE:
JCU AUTHORISING PERSON:		TITLE:	DATE:

SECTION 2 - TO BE COMPLETED BY THE PERMIT REQUESTOR (PERSON CARRYING OUT THE WORK)															
Checklist & Confirmation	Initial														
I have examined the area where works are to be performed with the Estate Directorate representative															
I have positively located and marked all underground services															
I have submitted any additional permits required (eg High Voltage, Asbestos)															
Safe Work Method Statement and Assessments copies are attached															
I acknowledge the following site specific hazards as per Risk Assessment and SWMS: <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Buried electrical / communication cables</td> <td><input type="checkbox"/> Excavation depth > 1.5m</td> </tr> <tr> <td><input type="checkbox"/> Buried gas / compressed air services</td> <td><input type="checkbox"/> Shoring required</td> </tr> <tr> <td><input type="checkbox"/> Buried water service</td> <td><input type="checkbox"/> Benching / battering required</td> </tr> <tr> <td><input type="checkbox"/> Storm water / Sewer drains</td> <td><input type="checkbox"/> Open excavations nearby (possibility of collapse)</td> </tr> <tr> <td><input type="checkbox"/> Overhead power lines</td> <td><input type="checkbox"/> Barricades / temporary cover plates</td> </tr> <tr> <td><input type="checkbox"/> Signs / flagging / bunting / lights required</td> <td><input type="checkbox"/> Traffic Management Plan</td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> </tr> </table> Emergency Plan:	<input type="checkbox"/> Buried electrical / communication cables	<input type="checkbox"/> Excavation depth > 1.5m	<input type="checkbox"/> Buried gas / compressed air services	<input type="checkbox"/> Shoring required	<input type="checkbox"/> Buried water service	<input type="checkbox"/> Benching / battering required	<input type="checkbox"/> Storm water / Sewer drains	<input type="checkbox"/> Open excavations nearby (possibility of collapse)	<input type="checkbox"/> Overhead power lines	<input type="checkbox"/> Barricades / temporary cover plates	<input type="checkbox"/> Signs / flagging / bunting / lights required	<input type="checkbox"/> Traffic Management Plan	<input type="checkbox"/> Other:		
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SECTION 2 - TO BE COMPLETED BY THE PERMIT REQUESTOR <i>(PERSON CARRYING OUT THE WORK)</i>		
Checklist & Confirmation	Initial	
If any unknown materials, or materials suspected of containing asbestos are encountered, work is to cease immediately and the Estate Office notified		
I have read and understood the requirements and procedures described in this permit to work		
NAME:	SIGNATURE:	DATE:
JCU AUTHORISING PERSON:	TITLE:	DATE:

SECTION 3 - TO BE COMPLETED BY THE PERMIT REQUESTOR & PERMIT ISSUER (JCU ED)		
Person Carrying out the work: The permitted work has been completed and the area has been returned to a clean and safe condition.		
NAME:	SIGNATURE:	DATE:
Authorising Person: the permitted work has been completed and the work site has been re-instated as agreed, and updated services location information submitted to GIS@jcu.edu.au or the Design Office.		
AUTHORISING PERSON:	SIGNATURE:	DATE: