

EXCAVATION WORK PERMIT

SECTION 1 - TO BE COMPLETED BY THE PERSON AUTHORISING THE PERMIT

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

Work Permit/MEX No:	
This permit is valid from:	hrs on to hrs on
This Permit is issued to:	Organisation/Company: Contact name: Contact Telephone Number:
Location of dig/excavation (attach plan of area showing excavation depth below ground level):	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)

- a) Will the works impact on or disturb the asbestos-containing materials? Yes No
- b) If Yes, has an Asbestos Work Permit been submitted by the contractor? Yes
- c) Photos have been taken of existing condition of paths, gardens, reticulation, etc to ensure correct re-instatement of area upon completion of work Yes No
- d) Manager, Infrastructure Services has reviewed and approved excavation Yes
- e) Manager, Communication Systems and Architecture has reviewed and approved excavation where applicable Yes
- f) Risk Assessment has been carried out and is attached Yes No N/A
- g) Safe Work Method Statement has been produced and is attached Yes No

I have examined the area specified and permission is given for the work to start, subject to the conditions hereon:

AUTHORISING PERSON: **TITLE:** **DATE:**...../...../.....

SECTION 2 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK

Before approval is granted to proceed with work, confirm the following:

- a) Has the area where the works are to be performed been examined with the EO rep? Yes No
- b) All underground services positively located and marked Yes No
- c) Additional permits have been submitted as required (eg High Voltage, Asbestos) Yes No N/A
- d) I have completed Safe Work Method Statements & Assessments, copies are attached. Yes No

Site Specific Hazards as per Risk Assessment and SWMS (tick as appropriate):	<input type="checkbox"/> Buried electrical / communication cables <input type="checkbox"/> Buried gas / compressed air services <input type="checkbox"/> Buried water service <input type="checkbox"/> Storm water / Sewer drains <input type="checkbox"/> Overhead power lines <input type="checkbox"/> Signs / flagging / bunting / lights required <input type="checkbox"/> Traffic Management Plan	<input type="checkbox"/> Excavation depth > 1.5m <input type="checkbox"/> Shoring required <input type="checkbox"/> Benching / battering required <input type="checkbox"/> Open excavations nearby (possibility of collapse) <input type="checkbox"/> Barricades / temporary cover plates <input type="checkbox"/> Other:_____
Other Precautions required:	Emergency Plan:	

If any unknown materials, or materials suspected of containing asbestos are encountered, work is to cease immediately and the Estate Office notified.

- a) I have read and understood the requirements and procedures described in this permit to work. Yes

NAME: **SIGNATURE:** **DATE:**...../...../.....

SECTION 3 - TO BE COMPLETED BY THE PERSON CARRYING OUT THE WORK AND EO

I certify that the work is complete, that all people, materials and tools have been removed from the area, and the area has been returned to a clean and safe condition. The following unforeseen services or conditions were encountered during the completion of this task: _____

NAME: **SIGNATURE:** **DATE:**...../...../.....

The permitted work has been completed and 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: **TITLE:** **DATE:**...../...../.....