

Authorisation – Excavation in Excess of 200mm

WHS-PRO-CHK-025m



JAMES COOK
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This document is applicable to any excavation on JCU owned properties.

Section 1: To be Completed by the Contractor

Work order number:																	
Authorisation validity:	Start		End														
This authorisation is issued to:	Organisation/Company:																
	Contact name:																
	Contact Telephone Number:																
Location of dig/excavation:	<input type="checkbox"/> I have reviewed the GIS site map – Dated received: _____ <input type="checkbox"/> Plan of area showing excavation depth below ground level attached Additional information:																
Reason & description of works:	<input type="checkbox"/> Project Work <input type="checkbox"/> Planned Maintenance <input type="checkbox"/> Exploratory Only Description:																
Methodology:	Project related: <input type="checkbox"/> Documented methodology attached in addition to SWMS Maintenance Work: <input type="checkbox"/> Methodology included in SWMS (attached) Estate Directorate have been consulted about the methodology? <input type="checkbox"/> Yes <input type="checkbox"/> No Who: _____																
Excavation method:	<input type="checkbox"/> Hand (shovel, etc.) <input type="checkbox"/> Hydro Vac <input type="checkbox"/> Machine (jackhammer, backhoe, etc.) <input type="checkbox"/> Hydro vac with mechanical scrape 100mm topsoil only <input type="checkbox"/> Other: _____																
Site Inspection:	Has the area where the works are to be performed been examined with yourself and a JCU Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No																
Hazards identified during inspection:	<table><tr><td><input type="checkbox"/> Buried electrical/communication cables</td><td><input type="checkbox"/> Buried water service including chilled water</td></tr><tr><td><input type="checkbox"/> Buried gas/compressed air services</td><td><input type="checkbox"/> Storm water</td></tr><tr><td><input type="checkbox"/> Sewer drains</td><td><input type="checkbox"/> Overhead power lines</td></tr><tr><td><input type="checkbox"/> Excavation depth > 1.5m</td><td><input type="checkbox"/> Excavation close to building structures</td></tr><tr><td><input type="checkbox"/> Open excavations nearby</td><td><input type="checkbox"/> Vibration</td></tr><tr><td><input type="checkbox"/> Airborne contaminant</td><td><input type="checkbox"/> Stockpiling excavated soil risks</td></tr><tr><td><input type="checkbox"/> In-rush of water / other liquid</td><td><input type="checkbox"/> Other: _____</td></tr></table>			<input type="checkbox"/> Buried electrical/communication cables	<input type="checkbox"/> Buried water service including chilled water	<input type="checkbox"/> Buried gas/compressed air services	<input type="checkbox"/> Storm water	<input type="checkbox"/> Sewer drains	<input type="checkbox"/> Overhead power lines	<input type="checkbox"/> Excavation depth > 1.5m	<input type="checkbox"/> Excavation close to building structures	<input type="checkbox"/> Open excavations nearby	<input type="checkbox"/> Vibration	<input type="checkbox"/> Airborne contaminant	<input type="checkbox"/> Stockpiling excavated soil risks	<input type="checkbox"/> In-rush of water / other liquid	<input type="checkbox"/> Other: _____
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Section 1 (CONTINUED): To be Completed by the Contractor

Existing Asset Investigation by Contractor:	Service type	Located	Location marked	Within excavation area	Potholed	Comments
	Electrical (LV)	Y / N	Y / N	Y / N	Y / N	
	Electrical (HV)	Y / N	Y / N	Y / N	Y / N	Additional authorisation required – High Voltage Vicinity
	Electrical Overhead			Y / N		Additional authorisation required – High Voltage Vicinity
	Street lighting	Y / N		Y / N		
	Water	Y / N	Y / N	Y / N	Y / N	
	Chilled Water	Y / N	Y / N	Y / N	Y / N	
	Sewer	Y / N	Y / N	Y / N	Y / N	
	Communication conduits	Y / N	Y / N	Y / N	Y / N	
	Irrigation	Y / N	Y / N	Y / N	Y / N	
	Decommissioned services	Y / N	Y / N	Y / N	Y / N	
	Other: _____ _____ _____	Y / N	Y / N	Y / N	Y / N	
Completion:	I will contact the following person when I have completed the excavation work and made the site safe. <input type="checkbox"/> JCU Security <input type="checkbox"/> JCU Rep <input type="checkbox"/> Other: Name/s: _____					

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

Section 1 Completed by (Contractor):

Name:

Signature:

Date:

Section 2: To be Completed by JCU Reviewer

1. Additional JCU requirements to be implemented by the Contractor:

- ☐ Photos to be taken of existing conditions of paths, gardens, reticulation, etc. to ensure correct re-instatement of area upon completion of work
- ☐ Work will impact on asbestos-containing materials
- ☐ Work will be within the vicinity of High Voltage
- ☐ Other: _____

2. JCU Review:

2.1 JCU Estate Directorate Reviewer:

Reviewed: ☐ **Acceptable** ☐ **Unacceptable**

Comments:

Name:

Signature:

Date:

2.2 JCU Communication Systems and Architecture Reviewer:

Reviewed: ☐ **Acceptable** ☐ **Unacceptable**

Comments:

Name:

Signature:

Date: