


**Permit information and conditions**

### Can the task be undertaken at ground level?

An Excavation Works Permit is required when works include: Digging holes, pits or trenches in the ground **to a depth that may put people at risk** through collapse, falling, contact with existing services, or use of any machinery.

**Permit conditions**

- 1 Only an 'authorised' Permit Authority can issue the permit.
- 2 Permit Authority must be satisfied that work is performed according to the Permit (e.g. appropriate level of supervision) and the area made safe on completion.
- 3 Only an 'authorised' Permit Authority can close the permit.

Company (if applicable) \_\_\_\_\_

Work Request/Project number \_\_\_\_\_

**Individual(s) involved**

**LA TROBE UNIVERSITY USE ONLY: Approval (Authorised Permit Authority)**

Name _____	Signature _____
Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time _____ am pm

**Person(s) undertaking work** (Permit Holder)

I acknowledge that I have been consulted on the work to be performed and agree to comply with the controls stated on the permit.

Name _____	Signature _____
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**Stand-by / Spotter** (if required)

Name _____	Signature _____
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**Work details**

Location of work (one specific location only) \_\_\_\_\_

Description of work to be performed including depth (brief) \_\_\_\_\_

Equipment to be used \_\_\_\_\_

SWMS assessment completed and controls identified below      Controls discussed with each person undertaking the work

**Isolation required** (please tick)

Water	Steam	Gas	Electricity	Comp air	Mechanical	Smoke or Flame detectors	Sprinkler system
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Other \_\_\_\_\_

**Frequency of supervision** (Permit Holder) (please choose one)

Constant	10 minute	30 minute	Hourly	2 hourly	Start and finish	Other _____
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**Controls**

Yes	No	Services located and identified (power, sewerage, telephone)	Yes	No	Spoil to be removed off site
Yes	No	Observer present during excavation	Yes	No	Shoring, Benching or Battering put in place
Yes	No	Isolations requested and in place (fire, power, water)	Yes	No	Clean back fill organised
Yes	No	Hand digging required	Yes	No	Drawing attached

**Emergency Controls**

The SWMS/risk assessment adequately covers emergency controls which may include the following where relevant

The rescue of a person in the event that the person becomes engulfed by soil or other material

The provision of first aid to a person who has become engulfed

Emergency procedures reflect the site location, ground conditions and the type of work to be undertaken

Nearest medical facilities

First aid provisions

Reliable method of communication

**NB** emergency planning should not assume that local emergency services have the capacity or equipment to provide on-site emergency medical or rescue services.

**Permit validity**

This permit is only valid today   /   /     from \_\_\_\_\_ am pm to \_\_\_\_\_ am pm

**Permit closure**

Has the work been completed?    Yes    No

Has the work area been made safe?    Yes    No    **If no**, please detail the issues outstanding and the action to be taken.

Permit Holder name

Signature

Date   /   /    

Time

am    pm

**LA TROBE UNIVERSITY USE ONLY: Permit Authority closing this permit**

Note: For work continuing into a new shift (with different people), or into the next day, **a new permit is to be written**. This will ensure that an appropriate inspection is made prior to work continuing and that personnel signing on to the permit are made aware of the hazards and the controls in place.

Name

Signature

Date   /   /    

Time of closure

am    pm