

Excavation/Trenching Permit



Risk, Health and Safety

Excavation/Trenching Application

Contractor's Company Name

Description of Work

Exact Location of Proposed Work

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/sand, 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 licenses 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"/>

I confirm that all equipment and work methods comply with all applicable regulations, industry codes and Australian Standards

Name of Contractor's Supervisor

Signature Date

NOTE: WORK CANNOT START UNLESS AUTHORISED UNDER THIS SECTION!

Excavation/Trenching Authorisation

Permit valid from AM PM on to AM PM on

Name of Facilities Services Representative

Signature Date

Work Completion

I have inspected the worksite. I am satisfied the work is completed and the site safe.

Name of Facilities Services Representative

Signature Date

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.

Authorised by: University Health and Safety Policy Committee

Document Owner: Manager – Risk, Health and Safety

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