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HSE OPERATIONAL CONTROL PROCEDURE	Document No	ADTKP-OP-309-FRM06	
Form Title	Effective Date	30/06/2013	
EXCAVATION PERMIT	Review Date	02/07/2019	

Personnel who are required to carry out Excavation/Penetration work must be authorised. A Risk Assessment must be performed, with appropriate controls put in place, prior to work commencing.

Excavating is an activity which involves trenching, hole digging, spiking or pile and can involve confined spaces.

Can this task be done without having to excavate/penetrate?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are the persons wishing to excavate/penetrate trained and competent? (3 rd party certificates attached)	<input type="checkbox"/> YES <input type="checkbox"/> NO

SECTION 1 – Specification of Work

Location of Work Area:	
Purpose / Type of Work:	
Name of Persons planned for work :	

SECTION 2 – Control Measures

Clearances	Status	Responsible Person	
		Name (print)	Signature
Are there safe clearances from service such as:			
1. Pipelines	<input type="checkbox"/> Clear <input type="checkbox"/> Not		
2. Compressed Air	<input type="checkbox"/> Clear <input type="checkbox"/> Not		
3. Electrical ** Low Voltage	<input type="checkbox"/> Clear <input type="checkbox"/> Not		
4. Electrical ** High Voltage	<input type="checkbox"/> Clear <input type="checkbox"/> Not		
5. Communication – Telephone/Fibre Opt	<input type="checkbox"/> Clear <input type="checkbox"/> Not		
6. Sewerage	<input type="checkbox"/> Clear <input type="checkbox"/> Not		
7. Fuel	<input type="checkbox"/> Clear <input type="checkbox"/> Not		
8. Natural Gas	<input type="checkbox"/> Clear <input type="checkbox"/> Not		
9. Cultural/heritage/flora environmental impacts	<input type="checkbox"/> Clear <input type="checkbox"/> Not		

Isolations Required: (Note: Appropriate Isolation Permit must be attached for complex isolation).

Precautions Required: (including ALL barricading, prevention requirements as per Risk Assessment)

SECTION 3 – Checklist Mark Yes / No

EXCAVATION	Y	N		Y	N
Ensure services been identified? Have service drawings & sketches for electrical cables, gas and water pipes been checked? Have the location of the services been physically verified, e.g. Use of electronic tester?			Risk Assessment been completed and authorised? Tool box talk is provided?		
			All persons competent?		
Is work area sign posted and barricaded?			Are people using excavating equipment competent? (machine and operator 3 rd party certificates attached)		
Will the excavation sides be stable? Will shoring be required on excavated faces deeper than 1.2m?			Will there be a requirement to protect the excavation from the effects of traffic?		
Is there a risk of an object or material falling into the excavation?			Is the trench a confined space?		
			Adequate lighting is provided?		
Consideration to atmosphere within excavation?			Are persons in excavation protected from falling objects, inrush and engulfment?		
Is there water in the trench/pit excavation?			Will dust need to be controlled?		
Will there be adequate access/egress from the excavation?			Have the effects of weather conditions been considered?		
Is benching and batter within limits?			Do all people understand emergency procedures?		
Has ground been previously disturbed?			Is excavation equipment safe distance from O/H power lines?		



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Has engineering confirmed shoring/batter/bench requirements?		Does the backfill procedure have a Task Analysis?	
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SECTION 4 – Person In Charge

I accept this Permit, agree to be bound by the conditions detailed above and the associated procedure(s), and accept responsibility as the person directly in charge of the work. I have read attached risk assessments, procedures and will ensure the required controls will be put in place. The person accepting this Permit is accountable for final approvals, isolations and explanation of conditions/restrictions to the person carrying out the work and must retain this completed form at the site whilst the work is in progress.

Name:	Signature:	Contact No:	Company:	Date: / /
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SECTION 5 – No Objection with stamp from Concerned Departments

Engineering	Operations
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SECTION 6 – Authorisation and Permit Validity (ADT HSE DEPARTMENT)

Date of issue : / /	Starting time : hrs
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Date of expiry : / /	Expiry time : hrs
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The work described above must be authorised by the appropriate Supervisor (or his nominee) who is accountable for supervising the work and only when responsible persons have approved all clearances.

Name:	Signature:	Date: / /
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Permit is valid only if the conditions existing at the time of issuance continue. It expires upon occurrence(s) including hazards such as gas leaks, liquid spills, fire, wind direction changes (vapour blowing in work area, etc.), or at the request to cease work.

SECTION 7 – Extension of Time

Date of issue : / /	Starting time : hrs
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Date of expiry : / /	Expiry time : hrs
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SECTION 8 – Completion, Suspension or Cancellation of Work Please TICK the appropriate response:

All work associated with this Excavate/Penetrates Permit has been: COMPLETE CANCELLED SUSPENDED

Has Plant/Process and equipment been inspected and is NOW SAFE to return to service? YES NO

Additional comments:

Company:	Name of the person:	Signature:	Date:	Time :
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