

[LINK TO PROCEDURE](#)
[Excavations Procedure](#)

**Work must not start until Sections A, B and C have been completed and signed by authorised persons**

To be completed for ALL operations involving breaking ground.  
All services must be treated as live and included within this permit

## SECTION A: TASK INFORMATION

### PROVING SERVICES - PLANNING

*To Be Completed By Permit Authoriser*

Contract Name		Contract Number	
RA/MS No. applying to this work:		Permit No:	
Permit required for: (Please specify the reason for the permit. e.g. excavations / piling etc...)			
Description of Works & Location (Works location, dimensions of work area, etc...)			
CAT: Serial No		CAT: Calibration Due date	
Genny: Serial No		Genny: Calibration Due date	
Ground Penetration Conducted?	<input type="checkbox"/> YES <input type="checkbox"/> NO (If NO please provide details below)		
Operators Name		HSG47 trained or equivalent (NRWSA)	
Are Trial holes required	<input type="checkbox"/> YES <input type="checkbox"/> NO (Provide details below)		
Insulated Hand Tools are to be used for ALL Trial holes			

## SECTION B: SAFETY CHECKLIST

*To Be Completed By Permit Issuer*

STATS / PLANS - provided for reference and sufficient? (must be in colour, in date and readable)	<input type="checkbox"/> YES <input type="checkbox"/> NO (If NO please provide details below)

<b>KNOWN SERVICES: The utilities listed below are present in the vicinity of the excavation works</b>						
Underground Electrical	Gas	Water	Telecom	Surface/Sewer	Overhead Electrical	Other (state) .....
Drawing ref	Drawing ref	Drawing ref	Drawing ref	Drawing ref	Drawing ref	Drawing ref
<b>CAT &amp; GENNY / UTILITY IDENTIFICATION</b> - Area of Permit coverage scanned with CAT & Genny and marked accordingly				<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (If NO please provide details below)		
<b>EXCAVATION SUPPORT</b> - Trench Support Required?				<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> <input type="checkbox"/> <b>NOT KNOWN</b> (If YES please provide details below and refer to Temporary Works Procedure)		
<b>ISOLATION / DISCONNECTION / PROTECTION</b> - Do any utilities need to be isolated / disconnected / protection to allow the work to proceed?				<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (If YES please provide details below)		
<b>CONFINED SPACES</b> – Does the task involve confined spaces?				<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (If YES please provide details below and refer to Confined Spaces Procedure)		
<b>OVERHEAD STRUCTURES</b> - Are there any in area of works e.g. Electricity or Telecom lines.				<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (If YES please provide details below)		
<b>ADJACENT STRUCTURES</b> – Are there any structures that could be undermined by this work (e.g. lampposts)				<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (If YES please provide details below)		
<b>ENVIRONMENTAL CONSIDERATIONS</b> – Are there any environmental impacts of this work (wildlife, Permit to Pump, archelogy)				<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (If YES please provide details below)		
<b>EMERGENCY</b> – do all members of the party know the incident control procedure?				<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (If NO please provide details below)		
<b>FLAME / ARC RESISTENT PPE</b> – Is there any requirement for additional task specific PPE above HCPL mandatory?				<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b> (If YES please provide details below)		

## HOLD POINT

**If there is insufficient information at this point do not proceed until the relevant details have been obtained**

### PLANS / SKETCHES / DRAWINGS

Please ensure a sketch / drawing of the area, including services and measures to protect exposed services are clearly identified. Ensure that edge protection is sufficient and in line with current procedures.

**No sketch / drawing will render the permit invalid.**

### SECTION C: ISSUE OF PERMIT

#### To be signed by the Permit Issuer to:

1. Confirm all safety checks outlined in this section have been undertaken
2. Confirm that all working parties named on this Permit are wearing task specific PPE.
3. Confirm that all working parties named on this Permit have been briefed on the contents of this section.
4. Authorise the issue of the Permit

Permit completed by: Name:		Job Title	
Signature		Date and Time	
Person receiving Permit Name:		Job Title	
Signature		Date and Time	
Permit Valid From:		Permit Valid to:	

**Are there known / charted services in the area?**

If yes, give details of identification and what measures have been used to protect exposed services

**Excavation to proceed by Hand Dig / Mechanical means (delete as appropriate):**

**Excavation works are only to proceed following the acceptance and understanding of the following control measures (add as required).**

- Hand held power tools must not be used within 500mm of service.
- Mechanical excavation within 500mm of the service is strictly prohibited, or greater if specified on the permit.
- A banksman is to be present for all mechanical excavations.
- Permits and service drawings to be present on site and consulted prior to excavation works.
- Works are to be suspended immediately following any service damage or found service damage.
- Flame retardant PPE to be worn during excavation works (coveralls or trousers and long sleeved top).

## SECTION D: RECEIPT OF PERMIT

*To Be Completed by all Excavations Operatives involved in this task (including Excavator Driver) to confirm that they have been briefed on the contents of Section C*

No.	Name	Signature	HSG47 Trained? (Y/N)	Signed RA/MS Task Briefing Sheet (Y/N)
1				
2				
3				
4				
5				
6				

## TRANSFER OF PERMIT AND RESPONSIBILITIES

*This section must be completed if the Permit Acceptor is not able to remain at the excavation for the duration of the works*

*Note: Permits can only be held by someone deemed competent and authorised by the Project Manager*

<b>Handed over by Name</b>		<b>Job Title</b>	
<b>Signature</b>		<b>Date and Time</b>	
<b>Transferred to Name:</b>		<b>Job Title</b>	
<b>Signature</b>		<b>Date and Time</b>	

## SECTION E: PERMIT CLEARANCE & RETURN TO SERVICE

To be signed by the Permit Issuer to:

1. Confirm completion of work as covered by this Permit.  
All disabled utilities have been returned to service.

Handed over by Name		Job Title	
Signature		Date and Time	
Handed over to Name:		Job Title	
Signature		Date and Time	

## SECTION F. COMPLETION OF WORK

(To be completed by the supervisor in charge of the works)

I am satisfied that:

\* The excavation has been backfilled and the surface reinstated

\* The work is completed and the area has been left in a safe condition

\* The work area is clear of operatives and all equipment

\* Utility company(ies) have been informed that services made dead may now be reactivated

\* I am **not** satisfied that the work has been completed satisfactorily and the additional work described below must be completed before this permit may be cancelled.

\* Delete as appropriate

Name		Position	
Signature		Date and Time	

Additional work that is necessary to enable this permit to be cancelled.

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## SECTION G: PERMIT CANCELLATION

To be signed by the Permit Authoriser to:

1. Confirm completion of work as covered by this Permit. ☐
2. All disabled utilities have been returned to service. ☐
3. Permit cancelled due to utility damage. ☐

Name		Job Title	
Signature		Date and Time	

**IF DAMAGE CAUSED INCIDENT PROCESS TO BE IMPLEMENTED**