

PERMIT TO DIG

Permit No.	Contract No.	
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THIS PERMIT IS VALID FOR THE PERIOD SPECIFIED ONLY

PART A	
Location of excavation	
Purpose of excavation	
Proposed depth	
Method of excavation & Trench Support	
specify -	
Date and time of start of excavation	
Date Permit Expires *NOTE: Persons must not excavate unless a daily safety check has been made.	
Other document references: e.g., plans/sketches	
CONTAMINATED LAND	
Is the work to be carried out in areas known to contain contaminated soil?	Yes/N o
If YES, have operatives received instruction for working in these areas?	Yes/N o
OVERHEAD SERVICES	
Have precautions been taken to prevent contact if overhead services are in the vicinity of the operation, or near approach to the operation?	Yes/N o
specify -	
UNDERGROUND SERVICES	
Have public utility drawings been referred to?	Yes/N o
Has locating equipment been used to identify services?	Yes/N o
Have identified services been exposed by hand and clearly marked?	Yes/N o
Has instruction to plant operator/operatives been given with regard to the safe system of work:	Yes/N o
specify -	
Name	Signed
.....	Date
PART B To be completed by Authorised Signatory	
The above excavation is approved/not approved* to be carried out by:-	
Subject to the following conditions:-	
Name	
.....	
Date	
Signed	
PART C To be completed by the Contractor	
Permit accepted and understood:	Name (PRINT) Company
.....	
First Copy - Retain in Records Folder	Signed
Second Copy - To Contractor Date