



EXCAVATION PERMIT FORM

DATE: _____

REQUESTED BY: _____

DEPARTMENT: _____

Check all that will be affected in conjunction with work:

- | | |
|---|---|
| <input type="checkbox"/> – Fire Water lines | <input type="checkbox"/> – Air lines |
| <input type="checkbox"/> – Sewage lines | <input type="checkbox"/> – Gas lines |
| <input type="checkbox"/> – Storm drainage lines | <input type="checkbox"/> – Electrical / instrumentation |
| <input type="checkbox"/> – Process lines | <input type="checkbox"/> – Railroad |
| <input type="checkbox"/> – Filtered Water Lines | <input type="checkbox"/> – Potable water lines |
| <input type="checkbox"/> – PSM area | <input type="checkbox"/> – Other |

Location of excavation: _____

Purpose of excavation: _____

Approximate depth of excavation: _____

At four (4) feet or deeper an excavation must be treated as a Confined Space. This does not remove the excavation requirements. At four (4) feet or deeper a protective system is required.

Have engineering drawings of the location been reviewed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature of Project Manager / Originator: _____			
Prior to any excavation work beginning, notify the following individuals:	Check When Notification Completed		
Engineering (Project Engineer or Manager) –	<input type="checkbox"/>	<input type="checkbox"/>	
Area Operational Supervision (Coordinator or Manager) –	<input type="checkbox"/>	<input type="checkbox"/>	
Area Maint. Supervision (Coordinator, Planner or Manager) -	<input type="checkbox"/>	<input type="checkbox"/>	

- Requirements:
1. This permit must be completed and posted at the job site for the duration of the job.
 2. It is mandatory to barricade area with red danger tape when excavation is left unattended.
 3. All work must be inspected and approved by the Project Manager / Originator **before** back filling has begun.
 4. The Project Manager / Originator must inspect and approve of excavation after work has been completed.
 5. Project Manager / Originator sends Permit and Excavation Daily Checklist(s) to Safety Coordinator for recordkeeping.

Print Name of Project Originator at completion: _____

Date of completion: _____