



EXCAVATION PERMIT

PJC Rep. Use Only	Temp. Suspension (Date/Initial)							Cancelled Max 7 days consecutive	Reviewed Actioned Ap Filing
	Re-issue Permit (Date/Initial)								

PERMIT CRITERIA

This Permit is to be completed for any excavation, trenching, drilling, boring and pile or post driving. It does not include the operation of Underground Mining Equipment Underground or Shotfiring be it Surface or Underground. All persons who carry out work under this Permit must be competent to do the work assigned.

SECTION 1 – PERMIT HOLDER & JOB INFORMATION

NAME: Permit Holder	COMPANY:	DATE:	PHONE:
PJC PERMIT ISSUER (Site Personnel the work party is reporting to)		PURCHASE ORDER OR WORK ORDER NO.	
DESCRIPTION AND LOCATION OF WORK TO BE CONDUCTED (INCLUDING METHOD OF EXCAVATION)			
ANTICIPATED DURATION OF WORK TO BE CONDUCTED:HRS/ DAYS (Total) FROMTO			

SECTION 2 ISOLATION REQUIREMENTS

CHECK WHETHER THE WORK WILL OR MAY INVOLVE THE FOLLOWING ENERGIES: <input checked="" type="checkbox"/>					
ELECTRICITY		PNEUMATIC		CHEMICAL	
HYDRAULIC		MECHANICAL		RADIATION	
GRAVITY		EXPLOSIVES		THERMAL	
STORED					
If you have ticked any of the above boxes, all persons involved in work associated with the energy must be trained and assessed as competent to carry out Energy Isolation.					

SECTION 3 –OTHER WORK PERMIT REQUIREMENTS FOR HAZARDOUS TASKS TO BE UNDERTAKEN

IDENTIFICATION OF TYPE OF WORK TO BE PERFORMED	Completed by Contractor Rep	Completed by PJC Representative	
	<input checked="" type="checkbox"/> WORK INVOLVES	PERMIT REQUIRED	PERMIT ISSUED
CONFINED SPACE			
WORKING AT HEIGHTS			
HAZARDOUS CHEMICALS / DANGEROUS GOODS			
HIGH VOLTAGE ACCESS			
CONTROLLED WORK ENVIRONMENT			
FLOOR AND HANDRAIL REMOVAL			
BUILDING WORKS			
COMPLEX LIFTING			



HOT WORK			
GROUP / COMPLEX ISOLATION			
RADIATION			
SCAFFOLDING			
HAND HELD GRINDING/CUTTING			
CRITICAL SYSTEMS IMPAIRMENT			
METHANE DRAINAGE			
LIVE LINE TESTING			
POWER ON / ENERGY PRESENT			
PORTABLE ELECTRICAL APPARATUS USE IN A HAZARDOUS AREA/ZONE			
NEGATIVE IMPACT WORK EFFECTING THE GROUND, WATER, MARINE LIFE, FLORA, FORNA OR COMMUNITY			
PESTICIDES USE RECORD			
DEMOLITION WORK			
ASBESTOS WORK			
DIVING WORK			
ABRASIVE BLASTING			
ARTIFICIAL EXTREMES OF TEMPERATURE			
CONTAMINATED OR FLAMMABLE ATMOSPHERES			
WORKING NEAR MOBILE PLANT (Within No Go Zones)			

This permit is only related to Excavation & the above Job Information.

Any additional Permit nominated above must be initiated by a Permit Issuer to allow that nominated work to commence.

SECTION 4 – PRE-WORK CHECKLIST (To be completed by Permit Holder and Initialled by Permit Issuer)

ALL QUESTIONS MUST BE ANSWERED <input checked="" type="checkbox"/>	YES	NO	N/A	INIT
1. Has the hierarchy of controls been applied in determining the work method				
2. Is a SWP, JSA or Formal Risk Assessment available and has it been communicated to the work party?				
3. Will the site of the excavation be adequately signposted & barricaded?				
4. All Primary and Secondary Energy Sources will be identified and isolated prior to work and all members of the work party are competent to perform isolations?				
5. Have all tools, machines, lifting equipment & safety equipment been inspected and have a current tag as per the PJC Inspection System indicating fit for use?				
6. If a person is to enter the excavation & the upper body is to be within the excavation will a Confined Space Permit be used?				
7. Has the Excavation Site been assessed for proximity to Overhead Power Lines				
8. Have the soil conditions been assessed for stability?				
9. Will shoring, battering or benching of the Excavation be required? Nominate Type of excavation wall control				
10. Has any shoring equipment/material required been inspected for structural integrity?				
11. Will the site need to be graded to prepare for excavation?				



Location. Provide a description & sketch.

--	--	--	--	--

12. Has there been "Dial before you dig Report" done or site equivalent				
13. Has a clearance been given to allow excavator works				
14. Have all relevant Drawing been assessed for buried services?				
15. Has the area been scanned for buried services?				
16. Is there a need for a watcher / scanner to be at the site while excavation is in progress? If yes Nominate that person.				
17. Has the site been pegged showing the exact excavation route / area?				
18. Has the location of any buried services been pegged showing exact location?				
19. Will you eliminate any danger with excavating equipment being exposed to overhead power lines?				
20. Has appropriate communication equipment been acquired, tested and proved fit for service? Type of communication Equipment				
21. Will the excavation machine operator continuously monitor the ground conditions for stability?				
22. Will the PJC Supervisor/Representative by advised before backfilling of excavation is started?				
23. Will the PJC Supervisor/Representative by notified to approve the Backfill Material?				
24. Is grinding/cutting to be done within the excavation using a grinder with a disc diameter greater than 125mm If YES a Hand Held Grinding/Cutting Permit is Required plus a Hot Work Permit Refer PJC PER 4.02.15 & PJC PER 4.02.3				

Note: All questions that have been answered as "NO" must be discussed with & agreed to by the Permit Issuer before sign on! All "No's" must be initialled



SECTION 5 EMERGENCY PLAN

Emergency Phone Numbers		
Internal:	Site manager/Coordinator:	External: Dial 000 or 112 from Mobiles
Potential Emergency Scenario:		
Location of Emergency Equipment: <input checked="" type="checkbox"/> Reserved in Room <input type="checkbox"/> Removed to Job <input type="checkbox"/> At the Job		
Location of First Aid Equipment: <input checked="" type="checkbox"/> Workshop <input type="checkbox"/> First Aid Room <input type="checkbox"/> Control Room <input type="checkbox"/> Other (Specify): _____		
Advanced First Aid Supplies are stored in the First Aid Room		
Emergency Equipment Required:	1. _____ 2. _____ 3. _____ 4. _____ 5. _____	
Have you filled in the Heights and Rescue Equipment Board? (Tick) YES <input type="checkbox"/> NO <input type="checkbox"/>		
Emergency Personnel: 1. _____ 2. _____ 3. _____		
First Aid Attendant:		
Communication Method Used: <input checked="" type="checkbox"/> Two Way Radio <input type="checkbox"/> Phone <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Other		
Emergency/Rescue Method:		
Steps in Emergency Procedure	Equipment	
1.		
2.		
3.		
4.		
5.		
6.		
7.		
Rescue Diagram Below:		



SECTION 6 – PERMIT INITIATION

EXCAVATION PERMIT INITIATION BY PERMIT ISSUER ☒

I certify that:

I have checked the contents of above sections of this Work Permit

I have checked the JSA/SWP/ Risk Assessment for the proposed work

I have checked other required work permits e.g. Hot Work / Hazardous chemicals/Dangerous Goods (if required)

I have copies of the relevant SWP issued to the work party or Permit Holder

I have checked the location of buried services from available Drawings and had the excavation area scanned

I have inspected the ground conditions and believe that ground is stable for the excavation to proceed.

Permit Issuer.....SignatureDateTime

ACKNOWLEDGEMENT BY PERMIT HOLDER

- I ACKNOWLEDGE RECEIPT OF THIS PERMIT AND FULLY UNDERSTAND MY DUTIES WITH REGARD TO ANY JSA,SWP / RISK ASSESSMENT ASSOCIATED WITH THIS PERMIT.
- I ACKNOWLEDGE MY OBLIGATION TO COMMUNICATE TO ALL MEMBERS OF THE WORK PARTY THE RELEVANT WORK PROCESSES & TO ENSURE THAT THEY ARE UNDERSTOOD.
- I ACKNOWLEDGE THAT SHOULD THERE BE A SIGNIFICANT CHANGE IN EITHER THE TASK OR THE ENVIRONMENT I WILL COMMUNICATE WITH THE PERMIT ISSUER PRIOR TO CARRYING OUT WORK IN THAT AREA AFFECTED
- I ACKNOWLEDGE THAT WORK MAY NOW COMMENCE.

.....
Permit Holder

.....
Signature

.....
Date

.....
Time

Contractor Permits In Use:

A copy of the cover page is to be attached to the back of the Work Authority as a notification that a Permit is in place and to be left in the Contractor's Sign On/Off Room or nominated place in the "In Progress" in-tray by the PJC Rep

The complete Permit in use must be displayed at the entrance to the demarcated Permit Area while the permit is in progress as part of the Permit Holders obligations

SECTION 7 WORK PARTY SIGN ON & SIGN OFF

"SIGN ON" BEFORE WORK STARTS AND "SIGN OFF" AFTER WORK IS COMPLETED

Name	Signature On	Date	Time	Signature Off	Date	Time

NOTE:-Once you have signed off you are no longer authorised to conduct any work within the scope or intent of this permit.



SECTION 8 Changes to Work Scope or Work Environment

CHANGES TO THE WORK SCOPE OR WORK ENVIRONMENT	PJC REPRESENTATIVE SIGNATURE	COMMUNICATED TO WORK PARTY BY PERMIT HOLDER SIGNATURE

The Permit Holder must ensure that all changes are communicated to the work party & that all changes are understood before work proceeds.

SECTION 9– JOB COMPLETION CHECKLIST COMPLETED BY PERMIT HOLDER

ALL QUESTIONS MUST BE ANSWERED	<input checked="" type="checkbox"/>	YES	NO	N/A
1. Has the job been completed?				
2. Has all work equipment, tools, signage, spills and rubbish been removed from the work area?				
3. Have all guards, valves and controls been returned to an operational condition?				
4. Have all, tags and/or locks been removed?				
5. Have all other Permits issued been closed?				
6. If equipment or plant is unable to be returned to service, has an “Out of Service Tag” been placed?				
7. Where appropriate, has a pre-operational test of equipment or plant been completed?				
8. Has the relevant Supervisor been notified of the job status and have completed permits, tags and locks been handed in?				
9. Have all persons working under this Authority signed off?				
10. Have JSA’s/ Risk Assessments been completed and returned at the completion of work?				
11. Have you erased all entries on the Emergency Equipment Board relating to this Permit?				

**SECTION 10 NON-CONFORMANCE, COMPLETED BY BOTH PARTIES**

NON-CONFORMANCE AND RECOMMENDATIONS
Person(s) involved:
Details of non-conformance: (What happened, how, when and where)
What damage (people, equipment, plant, production or environmental) has or could have resulted:
Recommended actions to prevent recurrence of non-conformance:

SECTION 11 – TEMPORARY SUSPENSION, TRANSFER AND CANCELLATION OF PERMIT

Permit Holder and Permit Issuer are to sign to verify the Temporary Suspension and Re-issue of the Permit.

“TEMPORARY SUSPENSION”				AND	“RE-ISSUE OF PERMIT”			
Date	Time	Permit Issuer	Permit Holder		Date	Time	Permit Issuer	Permit Holder

TRANSFER OF PERMIT BETWEEN PERMIT HOLDERS

New Permit Holder :
Name (print) Signature Date Time
New Permit Holder :
Name (print) Signature Date Time
New Permit Holder :
Name (print) Signature Date Time
New Permit Holder :
Name (print) Signature Date Time
New Permit Holder :
Name (print) Signature Date Time



TRANSFER OF PERMIT BETWEEN PERMIT ISSUERS

New Permit Issuer :

Name (print) Signature Date Time

New Permit Issuer :

Name (print) Signature Date Time

New Permit Issuer :

Name (print) Signature Date Time

New Permit Issuer :

Name (print) Signature Date Time

New Permit Issuer :

Name (print) Signature Date Time

PERMIT CANCELLATION BY BOTH PARTIES

Permit Holder:

Name (print)..... Signature Date Time

Permit Issuer.

Name (print) Signature Date Time

NOTE: NO FURTHER WORK IS PERMITTED UNDER THIS PERMIT WHEN CANCELLATION IS COMPLETED

Contractor

Work Authorities &

Permits Completed:

All completed work authorities and permits are to be left in the contractors sign on/off room or nominated place in the “Cancelled” in-tray and dated and initialled on the front page as such by appropriate PJC rep.

The “cancelled” work authorities and permits are to be collected and reviewed at the morning/daily/weekly review meetings by the snr management and actioned as required

On completion of the review the cancelled work authorities and permits will be filed for a minimum 12 months (unless incident occurred, which should be filed for 7 yrs)