

Excavation Permit

Excavation Permits **MUST** be completed by SCU staff or contractors scheduled to undertake any excavation or earthmoving on university property. This work must consider and compliment the overhanging and underground services. All permits must be in line with WHS legislative requirements and approved by an authorised Permit Issuer.

ALL WORK IS TO CEASE ON THE SOUNDING OR RAISING OF A FIRE OR OTHER EMERGENCY ALARM

PERMIT DETAILS				
Permit is Valid from:			Until:	
Permit Holder:	Staff	Contractor	Company Name:	
Worker Name:			Mobile:	
Description of Works:				
Location of Works:				
Maximum Depth:	m	Public/Private services nearby?	Yes	No
Distance from services:	m	Dial Before Digging:	Yes Mandatory	
Consultant approval?	Yes	No	Consultant Name:	
Prestart Review				Tick
Excavation works carefully designed with plan/sketch approved by SCU?				
Pre-start meeting with SCU PS Representative completed?				
Mandatory Safety Check			Tick	Comments
SWMS and RA in place, understood by all and submitted to SCU				
Overhead/Underground services identified and marked				
Exposed services to be protected from machinery				
Ground condition has been inspected and accessed				
Geotechnical design – slope stability, vibration, battering etc.				
Isolations Required		Tick	Tick	Tick
Electrical		Mechanical		Water/Waste
Clearance Checks				Tick
Combustible materials have been cleared from area and/or barriers installed to prevent sparks ignition.				
Pedestrian traffic has been redirected to avoid any unnecessary exposure.				
Designated clearance area around, below and above where work is being performed.				
Does the person conducting the work feel medically and physically fit to perform the task?				

PERMIT HOLDER

Excavation Permit

PERMIT AUTHORISATION

ISSUER

I, the permit issuer, approve this excavation work (as listed above) to proceed.

Name of Permit Issuer: _____

Signature: _____

Date of Issue: _____

PERMIT DECLARATION

PERMIT HOLDER

As the Permit Holder, I acknowledge and understand the conditions of this permit and:

- Am competent to coordinate this work in accordance with this permit and associated risk assessment.
- Will implement all the controls highlighted above and outlined in the risk assessment.
- Shall share this permit and associated risk assessment with the other worker/s to ensure they understand the conditions of this permit.

Name of Permit Holder: _____

Signature: _____ **Date:** _____

My signature below acknowledges that I agree and understand the conditions of this permit (other worker/s).

Name of worker: _____ Signature: _____ Date: _____

FINALISATION

PERMIT HOLDER

As the Permit Holder, I confirm all work is complete, all workers have signed off the Permit and the worksite has been left clean and tidy.

Name of Permit Holder: _____

Signature: _____

Date: _____

FEEDBACK

NON-COMPLIANCE

		Consequences				
		Insignificant	Minor	Moderate	Major	Severe
Likelihood	Almost Certain	Moderate	Moderate	High	Extreme	Extreme
	Likely	Low	Moderate	High	High	Extreme
	Possible	Low	Moderate	Moderate	High	High
	Unlikely	Low	Low	Moderate	Moderate	Moderate
	Very Unlikely	Low	Low	Low	Low	Moderate

Ensure all risk assessments and SWMS are sent to pscontractor@scu.edu.au prior to works!

Once permit is complete and fully signed off - please submit here>>>