## PERMIT TO DIG



Work must not start until Sections A and B of this permit have been completed and signed by authorised persons. Section C to be completed by an authorised person when the task is complete. Additional requirement: Hand Dig Only. Mechanical Digging with Banksman / Lookout Present. No toothed bucket permitted. Insulated hand tools - Air Picks - Vacuum Excavation - Suspension of Existing Services - Termination of Existing Services - De-watering - Shoring - Safe Digging Practice Observed – edge protection – covers / plates Coring / Drilling. Other-1. Contract drawings and details issued by the client or otherwise obtained. 2. Drawings show the location, type and status of underground services. No Service Drawings - No Digging Permitted. 3. Live services made dead as far as possible or necessary. **4.** Work area surveyed by a competent person, using appropriate detection equipment to confirm the exact location of underground services. 5. Location of services marked on the ground. 6. Valid method statement and risk assessment in place. 7. Method statement and risk assessment explained to the operatives carrying out **RAMS BRIEFING MUST BE UNDERTAKEN** 8. Person in charge of the excavation is fully conversant with the principles of safe digging and/or avoidance of underground services. **9.** All operatives familiar with safe excavation practices. 10. If plant is being used, operator is competent and familiar with safe excavation practices. 11. State type, serial number and calibration test date of cable avoidance equipment used. Confirmation by EDC and or contractor's supervisor: I confirm that the precautions specified above will be complied with and I will ensure that the persons carrying out the work, described above, are fully briefed on the safe method of work. Date Name Role Signature Confirmation by operative(s): I understand the precautions to be taken in carrying out the works. Signature Date Name Role

| N03 | Rev No.01 | Date: November 2021 | Page 1 of 2 |
|-----|-----------|---------------------|-------------|
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## **PERMIT TO DIG**



## Section C. 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*  |   |  |  |  |  |  |  |
|  | the unity company (less) has been more that set vises made dead may not be redefined. |  |  |  |  |  |  |
| I am <b>not</b> satisfied that the work has been completed satisfactorily; the additional work described below must be completed |   |  |  |  |  |  |  |
| before this permit may be cancelled*.  |   |  |  |  |  |  |  |
| * Delete as appropriate  |   |  |  |  |  |  |  |
|  | lame Position Signature Date  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |
| Additional work that is necessary to enable this permit to be cancelled  |   |  |  |  |  |  |  |
| Additional work that is necessary to enable this permit to be cancelled  |   |  |  |  |  |  |  |
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| Section D. Cancellation of permit  |   |  |  |  |  |  |  |
| (To be con   | (To be completed by the supervisor in charge of the works)                            |  |  |  |  |  |  |
| I am satisfied that all work has been completed and this permit is now cancelled.  |   |  |  |  |  |  |  |

| Name | Position | Signature | Date |  |
|------|----------|-----------|------|--|

| N03 | Rev No.01 | Date: November 2021 | Page 2 of 2 |
|-----|-----------|---------------------|-------------|
|     |           |                     |             |