

## EXCAVATION PERMIT

Section 1 - General			
Permit Issuer (Supervisor/Manager):	<b>VA811 Ticket #:</b>		
Permit Acceptor:	Date(MM/DD/YY):		
Permit Acceptor Phone #:	Start Work Time:	am / pm (circle one)	
Acceptor's Department:	End Work Time:	am / pm (circle one)	
Work Location (Bldg./Area):	Weather Conditions:		
Description of Work:			
Section 2 – Excavation Preparation			
ITEM	Initial		
Mandatory Completion	Yes	NA	
1. VA 811 Contacted (Call 811 or 1-800-552-7001) at least 48 hours prior to work starting.			
2. Excavation route Pre-marked with white paint before utility survey.			
3. VA 811 Ticket completed and all utilities for excavation route are marked.			
4. Excavation is within 2 feet on either side of utilities (will require competent person on site)			
5. Underground utilities present within 2 feet on either side requiring area to be hand dug.			
6. Personnel will be entering the excavation (requires competent person on site if deeper than 4 feet)			
7. Excavation is between 4 feet or greater (requires completion of Section 5 – Soil Classification)			
8. Excavation is greater than 20 feet (requires HSE review)			
Section 3 – Hazard Control & Elimination			
ITEM	Initial		
Mandatory Completion	Yes	NA	
1. Pre-Job Discussion Conducted (with all workers)			
2. Are workers aware of hazards they may encounter?			
3. Evacuation routes clear (trip hazards removed)			
4. Means of communication established			
5. Barricades in place			
6. Equipment inspections completed (forklift, cranes, etc....)			
7. Adequate precautions taken for heat or cold stress			
8. Emergency Procedures and Contact Numbers provided to competent person and workers			
9. Any adjacent risks (I.E. venting, overhead powerlines, etc.....)			
10. Adjacent Risk or other safety issues:			
CONTROL MEASURES		Initial	
		Yes	NA
Cave-in: any soil class	<input type="checkbox"/> Trench Box (soil does not have to be classified)		
Cave-in: Assume Class C	<input type="checkbox"/> Slope/Bench 1 ½ H to 1 V (34°)		
Cave-in: all other situations	Contact HES for special requirements		
Surface Encumbrances	<input type="checkbox"/> Removed <input type="checkbox"/> Supported		
Underground Installations	<input type="checkbox"/> Protected/Supported <input type="checkbox"/> Owner action required		
Access/Egress required at 4 feet	<input type="checkbox"/> Ladder <input type="checkbox"/> Ramp <input type="checkbox"/> Stairs (within 25 feet)		
Vehicular Traffic	<input type="checkbox"/> Barricades <input type="checkbox"/> Signs <input type="checkbox"/> Flagger (person)		
Falling Loads	<input type="checkbox"/> Personnel clear of equipment being loaded		
Hazardous Atmosphere	<input type="checkbox"/> Forced Air Ventilation <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Continuous air monitoring required, complete section 6 atmospheric testing		
Water Accumulation	<input type="checkbox"/> Pump <input type="checkbox"/> Diversion <input type="checkbox"/> Drainage <input type="checkbox"/> Safety Harness with Lifeline		
Adjacent Structures	<input type="checkbox"/> Shored <input type="checkbox"/> Braced <input type="checkbox"/> Underpinned		
Loose Rock or Soil	<input checked="" type="checkbox"/> Spoil Piles at least 2 feet from edge <input type="checkbox"/> Scaling <input type="checkbox"/> Protective Barrier <input type="checkbox"/> Benching <input type="checkbox"/> Restraint Device		
Fall Protection	<input type="checkbox"/> Barricades 6' from edge <input type="checkbox"/> Guardrails on walkways		
Security (overnight)	<input type="checkbox"/> Fencing/barricades <input type="checkbox"/> Holes covered <input type="checkbox"/> Warning Signs <input type="checkbox"/> Lighting		

**Section 4 - PPE**

<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Hard Hats	<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Safety Toed Work Boots	<input type="checkbox"/> Face Shield
<input type="checkbox"/> Specialty Safety Equipment (List):	<input type="checkbox"/> High Vis Vest or Shirt	<input type="checkbox"/> Gloves	<input type="checkbox"/> Googles	

**Section 5 – Soil Classification**

**Mandatory Completion If Excavation is Greater than 4 Feet**

Type A (most stable) Clay, Silty Clay, and Hardpan

Type B (some instability) Silt, Sandy Loam, Medium Clay, and Unstable Rock

Type C (least stable) Gravel, Loamy Sand, Soft Clay, and Unstable Rock

**Section 6 – Atmospheric Testing**

**Retest's are required at crew change or when work has stopped for more than one hour. Record results below.**

**Atmospheric**

Testing												
OXYGEN	Normal Air	Acceptable Entry Conditions	Initial Test	Retest #1	Retest #2	Retest #3	Retest #4	Retest #5	Retest #6	Retest #7	Retest #8	Retest #9
LEL (flammability)	20.9%	19.5 % - 23.5%										
CO <sup>2</sup>	0	0-10%										
H <sup>2</sup> S	0	0-35 ppm										
Other:	0	0-10 ppm										
Tester's Name:												
Tester's Name:		Initials of Tester										
		Time of Test										
Type of Monitor:						Serial #:				Date Calibrated:		

**Section 7 – Acceptance of Responsibility and Authorization**

**All conditions have been met and I agree to abide by the conditions identified on this excavation permit.**

**Permit Acceptor (Print & Sign):**

Transfer to:	Time:
Transfer to:	Time:

**Mandatory Signature For Workers (print & sign)**

**(By signing this permit I fully Understand and accept the risks associated with listed above and agree to abide by all safety requirements)**

1)	6)	11)
2)	7)	12)
3)	8)	13)
4)	9)	14)
5)	10)	15)

**Section 8 – Excavation Inspection Log**

	Condition	Hazard Identified	Corrective Action Taken
Inspectors Name:			
Inspector's Signature:			
Date & Time:			
Weather:			
	Condition	Hazard Identified	Corrective Action Taken
Inspector's Name:			
Inspector's Signature:			
Date & Time:			
Weather:			
	Condition	Hazard Identified	Corrective Action Taken
Inspector's Name:			
Inspector's Signature:			
Date & Time:			
Weather:			