Interior Health

| Title:<br>**Excavation Work Permit** | Document No.: | Approved By: |
| --- | --- | --- |
| Author: | Revision No.: | Date Approved: |

# Did you call?  BC One Call (1-800 474-6886)

| Work Order Number: | | Method Statement / Risk<br>Assessment Number: | |
| --- | --- | --- | --- |
| Permit Number: | | | |

### Section 1 to be completed by the Permit Requester

| **Permit Requester** | Name: | | Company: | |
| --- | --- | --- | --- | --- |
| **Intended Work Area** | Building: | | Location Number: | |

**Description of Work:**

**Equipment/Tools:**

### Section 2 to be completed by the Permit Requester

**Hazard Identification and Risk Assessment**

| | |
| --- | --- |
| Is the area to be excavated clearly identified? | |
| Are Utility installations in the area clearly identified and marked? | |
| Have all barricades, fences and warning signals been erected and tested where required? | |
| Are all chocks in position to prevent any vehicle from approaching excavation? | |
| Have all traffic routes been clearly identified? | |
| Is there a safe means of entry and exit into the excavation by workers? | |
| When working within an excavation deeper than 1.2 meters is shoring in place? | |
| Is the spoil pile located correctly away from the excavation and less the 60 cm's high? | |
| Have all items or equipment been removed from edge of excavation or retaining devices installed? | |
| Is the weather suitable for excavation? | |
| Is the lighting and ventilation adequate for the task? | |
| Is there sufficient access/egress in the work area? | |
| Can emergency access/egress routes be kept clear? | |

**Additional Hazards:**

| Hazard | Control |
| --- | --- |
| | |
| | |
| | |

### Section 3 to be completed by the Permit Requester and the Permit Authorizer

| **Permit Valid From:** | Start Date: | | Start Time: | |
| --- | --- | --- | --- | --- |
| **To:** | End Date: | | End Time: | |
| | **Print Name** | **Signature** | **Date** | **Time** |
| **Permit Requester:** | | | | |
| **Permit Authorizer:** | | | | |

### Section 4 to be completed by the Permit Requester and the Permit Authorizer

*I am satisfied that this work has been completed satisfactorily and that the area has been left in a safe and clean condition.*

| | **Print Name** | **Signature** | **Date** | **Time** |
| --- | --- | --- | --- | --- |
| **Permit Requester:** | | | | |
| **Permit Authorizer:** | | | | |