

Excavation Permit

*Complete this form prior to disturbing soils more than 5 cubic feet. Keep on site during ground disturbance.
Permit renewal required weekly, after a day or more without work onsite, or if weather conditions change significantly*

Date _____ Time _____ Location of Ground Disturbance _____ Trade(s) Involved _____
 Outside Contractor Involved in Work _____ Responsible Shop Supervisor _____
 On-Site Competent Person Designee with ability to stop job (e.g., Backhoe Operator) _____
 Issue(s) to be addressed _____ Type of Work to be Performed _____
 Work Start Date/Time _____ Planned Work End Date/Time _____ Person Responsible for Punch List: _____

List Personnel Disturbing Soils
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Address the Following Before Digging	NA	YES	NO	Equipment Provided	NA	YES	NO
All utilities located in area /call 1-800-424-555	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-way radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Emergency <input type="checkbox"/> Certified flaggers needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source isolation (Lock out/Tag Out)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Harness /safety line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pumps/lines blinded/disconnected/blocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confined Space permit or air quality check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hard hat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical ventilation required in hole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boots	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If excavation exceeds 4 ft depth at any point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Straw to cover disturbed soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Trench box provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastic to cover disturbed soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Adequate shoring used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sandbags to hold plastic covering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Adequate sloping of sides (describe on back)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Erosion fence of plastic or straw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy equipment placed correctly near hole	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heavy equipment operator licensed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affected storm drains protected (show on attached map)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restoration materials used (circle applicable): Gravel, sand, plants, grass, spoils, cement, timbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe storm water run-off diversion Plan:				Heavy equipment used (circle): Backhoe, bulldozer, trencher, tractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe soil erosion protection Plan:							
Describe soil restoration Plan after work ends: _____ :							

Add comments to margins or back. Return a copy to the EHS Office, MS 9070, Env. Studies Rm 72. Job Supervisor files original. Draft 1: 05-12-11
I have reviewed the work authorized by this permit and the information in it. Written and verbal instructions and safety procedures have been received and understood. I know that I can and should stop the job and contact EHS if safety concerns arise or if conditions change to affect storm water quality.

Preparer Signature (EHS staff/competent person) _____ Job Lead/Supervisor/Designee _____