

EXCAVATION HAZARD ASSESSMENT & PERMIT

Latest Revision: 16 March 2020

Site Location/Description:	WO #:
Date:	
Expected Depth of Excavation:	Work Activity Description:
Nature of Work to be Undertaken:	Method of Excavating:

HAZARD IDENTIFICATION, ANALYSIS AND CONTROL SELECTION CRITERIA

Specific Excavation Hazard Assessment Requirements. Select One.	<input type="checkbox"/>	The excavation work is to be undertaken by a contractor and the work has not been adequately assessed for hazards as per the specific excavation work detailed in the permit	Complete Hazard Assessment and the Excavation Permit.
	<input type="checkbox"/>	The excavation work has been adequately assessed for hazards by contracted personnel as per the specific excavation work detailed in the Permit.	Complete the Excavation Permit

Step 1 – Consider Consequences	Step 2 – Consider Likelihood	Step 3 – Calculate Risk																																																						
What are the consequences of this hazard occurring? Consider what is the most probable consequence (below) with respect to this work hazard.	What is the likelihood (below) of the hazard consequence in Step 1 occurring.	1. Take Step 1 rating and select the correct column. 2. Take Step 2 rating and select the correct line. 3. Use the risk score where the two ratings cross on the matrix below. H = High, S = Serious, M = Medium, L = Low																																																						
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Task	Hazard/Hazard Source	Risk (H/S/M/L)	Control Measures	Person Responsible	Date Implemented

HAZARD ASSESSMENT COMPLETED BY

Name:	Employer:	Date:
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EXCAVATION PERMIT			
As per the method of excavation and work described in hazard assessment, identify control requirements in the relevant parts below.			
UNDERGROUND SERVICES IDENTIFICATION			
Types of Services Identification	<input type="checkbox"/>	Information sourced / to be sourced from authority or underground utility service locator	
	<input type="checkbox"/>	Visual inspection and search of the work area and potential services in the surrounds	
	<input type="checkbox"/>	Existing known SFX services maps or plans reviewed / to be reviewed	
	<input type="checkbox"/>	Mandatory – Underground service location and depth detection undertaken / to be undertaken	
IDENTIFICATION UNDERTAKEN BY			
Have Services been Identified	<input type="checkbox"/>	Yes Services have been identified that could impact on the excavation tasks.	Complete this Section
	<input type="checkbox"/>	No There are no services in the area / vicinity that could impact on the excavation tasks.	Proceed to Collapse & Entry Controls Section
SERVICE TYPE	PROXIMITY OF SERVICE (check appropriate)		DEPTH DETAILS
Nominate the type of service(s) identified: water, stormwater, sewerage pipeline or services, irrigation lines, control wiring, gas or fuel tank/pipeline, telecommunications, live/unknown electrical, non live electrical, etc:	Service directly where excavation required	Service in proximity of required excavation	(as detected &/or as a best estimate)
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
SERVICE LOCATION(S) - Where a service has been identified, insert information in the service location and restrictions sections below to ensure a safe method of work. Provide details/description of locations as detected, or an explanation of areas shown by marking paint or similar			
RESTRICTIONS – Including from service owner to ensure safe work. Provide details/description of work restrictions required.			

EXCAVATION COLLAPSE & ENTRY CONTROLS				
Will workers be required to enter the excavation(s)?		<input type="checkbox"/>	Yes	Proceed to Item A
		<input type="checkbox"/>	No	Proceed to Item B
A	Will the excavation(s) be greater than 1.2 m deep?	<input type="checkbox"/>	Yes	Proceed to Item B
		<input type="checkbox"/>	No	Proceed to Item C
B	A safe means of entry will be achieved via - must identify one:	<input type="checkbox"/>	The use of secured ladders – at least one pr 6 m section of trench	
		<input type="checkbox"/>	The following alternative safe means:	
	Prevention of collapse injury will be achieve via - must identify at least one:	<input type="checkbox"/>	The use of shoring or trench cake	
		<input type="checkbox"/>	The use of sloping to all side required	
		<input type="checkbox"/>	The use of benching to all sides required	
		<input type="checkbox"/>	A written and signed authority obtained from a certified engineer stating that the excavation is safe for entry	
General safe entry in the excavation will be achieved via - both items mandatory:	<input type="checkbox"/>	More than one person being present at the excavation during entry		
	<input type="checkbox"/>	A competent person to supervisor work, inspect excavation(s) and trench cages daily prior to entry	Proceed to Item D	
C	General safety to be achieved via:	<input type="checkbox"/>	A competent person to supervisor work and inspect excavation(s)	
	Prevention of collapse will be achieved via - must identify at least one:	<input type="checkbox"/>	No controls required to prevent a person being trapped by a collapse	
		<input type="checkbox"/>	Using shoring, cage, sloping/benching to prevent a person being trapped by a collapse or to minimize likelihood of a fall	Proceed to Item D
D	Clarifying details as applicable - about type of shoring, method of placement/removal, slope/bench dimensions, trench cage and access details, etc:	<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
ADDITIONAL CONSIDERATIONS				
Check as Appropriate	<input type="checkbox"/>	Exclusion/Barricading is to be installed to exclude access/prevent falls		Include relevant control details within Section 1 – Hazard Assessment or an attached Safe Work Procedure
	<input type="checkbox"/>	Controls will be required to limit operating areas of mobile equipment		
	<input type="checkbox"/>	Close-by exhaust fumes could make the excavation atmosphere unsafe for entry		
	<input type="checkbox"/>	Controls are required to prevent undermining of near-by structures		
	<input type="checkbox"/>	The area is likely to contain contaminated silo/old process materials/chemicals		
	<input type="checkbox"/>	New services will need to be marked/identified and/or service plans updated		
SKETCH				

Include:

- Measurement to allow for sloping
- Access / egress
- Location of stakes

PRE-JOB TOOLBOX MEETING

- Review of Excavation Hazard Assessment & Permit

Topics / Worker Concerns / Suggestions:

CONTRACTOR PERMIT REQUEST

This acknowledgement signifies a formal request to commence excavation works. As the person requesting this permit, I hereby certify that:

- I am competent to coordinate this excavation work in accordance with the Excavation Hazard Assessment & Permit details;
- I shall undertake to implement all planned and necessary controls to ensure safe excavation access and work methods; and
- I shall monitor the excavation / work hazards and control methods throughout the excavation work.

Name:	Signature:	Date:	Time:
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STFX AUTHORIZATION

This StFX Authorization signifies that the planning component of the Excavation Hazard Assessment & Permit has been completed, and that excavation work is authorized to commence in accordance with the request for a Permit.

Project Manager / Supervisor

Name:	Signature:	Date:	Time:
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OHS Advisor

Name:	Signature:	Date:	Time:
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EXCAVATION WORK AUTHORIZATION – Supervisor in Direct Control

The procedures, control measures and precautions appropriate for the safe access &/or execution of work involving this excavation(s) have been implemented and the persons required to work have been advised and understand the requirements of the Excavation Hazard Assessment & Permit.

Name:	Signature:	Date:	Time:
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WORKER ACKNOWLEDGEMENT

By signing this Excavation Hazard Assessment & Permit, I acknowledge that I have received appropriate training, have attended the Pre-Job Toolbox Meeting, understand and will adhere to the method of working and conditions described in the Excavation Hazard Assessment and Permit.

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