

Company: \_\_\_\_\_

# EXCAVATION/TRENCH DIG PERMIT

Prior to starting or continuing an excavation/trench dig, this permit must be posted at the dig site and remain posted until the work day is completed. A new dig permit must be posted daily.

## Part A

Permit Instructions	Dig Checklist
<p>1. This permit must be completed and posted at the jobsite daily by the company's competent person.</p> <p>Part A is retained by the jobsite supervisor or competent person.</p> <p>Part B is posted at the jobsite until work is done.</p> <p>2. The National One Call number is 811 or get state-specific information at <a href="http://www.call811.com">www.call811.com</a>.</p> <p>3. The competent person must inspect prior to the start of work, as needed throughout the shift, and after every rainstorm or other hazard increasing occurrence.</p>	<p><b>Excavation</b></p> <p><b>Note: National One Call number is 811</b></p> <p><input type="checkbox"/> Estimated location of underground utilities determined? By:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Utility company or owner.</li><li><input type="checkbox"/> Construction company (proceeded after 24 hour wait).</li></ul> <p><input type="checkbox"/> Exact location determined when nearing underground installations.</p> <p><input type="checkbox"/> Underground installations protected, supported, or removed as necessary to safeguard employees.</p> <p><input type="checkbox"/> Hazardous surface encumbrances removed or supported. Spoil piles and other materials back at least two feet.</p> <p><input type="checkbox"/> Protection from hazards associated with water accumulation.</p> <p><input type="checkbox"/> Evidence of possible cave-in, failure of protective system, hazardous atmosphere or other hazardous condition.</p>
<p>Job number: _____</p> <p>Location of trench/excavation: _____</p> <p>Description of trench/excavation: _____</p> <p><input type="checkbox"/> Safety checklist completed by competent person.</p> <p><input type="checkbox"/> <b>EMERGENCY PROCEDURES</b> on back of permit completed.</p> <p>Date permit issued: _____</p> <p>Time permit expires (must be same day): _____</p> <p>Name of competent person: _____</p> <p>Signature of competent person: _____</p>	<p><b>Employee Safety</b></p> <p><input type="checkbox"/> Means of egress provided for digs four feet deep or more and within 25 feet of all employees at all times?</p> <p><input type="checkbox"/> Employees exposed to public traffic provided with reflectorized or high-visibility safety vests?</p> <p><input type="checkbox"/> Employees instructed not to stand underneath loads.</p> <p><input type="checkbox"/> Employees protected from cave-ins by an adequate protective system except when excavations are:</p> <ul style="list-style-type: none"><li>• Made entirely in stable rock,</li><li>• Less than five feet deep and no potential cave-in issues exist.</li></ul> <p><b>Other company specific or OSHA (§1926.650 -.652) safety issues at this jobsite:</b></p> <p>_____</p> <p>_____</p> <p>_____</p>

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## Part B

Permit Instructions	Dig Checklist
<p>1. This permit must be completed and posted at the jobsite daily by the company's competent person.</p> <p>Part A is retained by the jobsite supervisor or competent person.</p> <p>Part B is posted at the jobsite until work is done.</p> <p>2. The National One Call number is 811 or get state-specific information at <a href="http://www.call811.com">www.call811.com</a>.</p> <p>3. The competent person must inspect prior to the start of work, as needed throughout the shift, and after every rainstorm or other hazard increasing occurrence.</p>	<p><b>Excavation</b></p> <p><b>Note: National One Call number is 811</b></p> <p><input type="checkbox"/> Estimated location of underground utilities determined? By:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Utility company or owner.</li><li><input type="checkbox"/> Construction company (proceeded after 24 hour wait).</li></ul> <p><input type="checkbox"/> Exact location determined when nearing underground installations.</p> <p><input type="checkbox"/> Underground installations protected, supported, or removed as necessary to safeguard employees.</p> <p><input type="checkbox"/> Hazardous surface encumbrances removed or supported. Spoil piles and other materials back at least two feet.</p> <p><input type="checkbox"/> Protection from hazards associated with water accumulation.</p> <p><input type="checkbox"/> Evidence of possible cave-in, failure of protective system, hazardous atmosphere or other hazardous condition.</p>
<p>Job number: _____</p>	<p><b>Employee Safety</b></p>
<p>Location of trench/excavation: _____</p>	<p><input type="checkbox"/> Means of egress provided for digs four feet deep or more and within 25 feet of all employees at all times?</p>
<p>Description of trench/excavation: _____</p>	<p><input type="checkbox"/> Employees exposed to public traffic provided with reflectorized or high-visibility safety vests?</p>
<p><input type="checkbox"/> Safety checklist completed by competent person.</p>	<p><input type="checkbox"/> Employees instructed not to stand underneath loads.</p>
<p><input type="checkbox"/> <b>EMERGENCY PROCEDURES</b> on back of permit completed.</p>	<p><input type="checkbox"/> Employees protected from cave-ins by an adequate protective system except when excavations are:</p>
<p>Date permit issued: _____</p>	<ul style="list-style-type: none"><li>• Made entirely in stable rock,</li><li>• Less than five feet deep and no potential cave-in issues exist.</li></ul>
<p>Time permit expires (must be same day): _____</p>	<p><b>Other company specific or OSHA (§1926.650 -.652) safety issues at this jobsite:</b></p>
<p>Name of competent person: _____</p> <p>Signature of competent person: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p>

# EMERGENCY PROCEDURES

## IN CASE OF AN EMERGENCY:

**Call 911**

**or, if 911 is not available:**

**CALL:** \_\_\_\_\_

**AT:** \_\_\_\_\_

**or, if outside emergency medical services are not available at this jobsite, the first responder on duty is:**

\_\_\_\_\_

**Transportation to the nearest medical facility will be provided by:**

\_\_\_\_\_