**Permit to Dig/ Break Ground**

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| Operating Business: | | Development: | | | |
| This permit to dig must be completed by the Groundworks Supervisor and Site Manager to identify and confirm control measures required to prevent risk of injury from:  • Underground services, and / or  • Collapse or dislodgement of material  Note: - If the excavation is assessed as a Confined Space, A Confined Space Permit must be completed. | | | | | |
| **Type of work requiring permit: \*Delete as applicable\*** | | | | | |
| Mechanical Excavations\* | | Hand digging (Insulated tools to be provided)\* | | | |
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| **General details- Complete in block capitals:** | | | | | |
| Description of work |  | | | | |
| Time limit of the Permit |  | | | | |
| Organisation carrying out the works |  | | | | |
| Operator and Supervisor details (Person named will be responsible for the permit) |  | | | | |
| Location of work to be carried out |  | | | | |
| Plant/machinery/tools involved with the dig |  | | | | |
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| **General checklist \*Delete as applicable –** If any of the items detailed below are a **NO**, then work must not proceed.   1. Method Statement and Risk Assessment available -Yes/No \* 2. Supervisor and operative confirm that they have read and understood their RAMS -Yes/No \* 3. Emergency Procedures /rescue plan in place -Yes/No \* 4. Specific operative training certificates available -Yes/No \* 5. Full length, flame retardant overalls being worn by dig team   -Yes/No/NA \* | | | | | |
| **Task Specific Requirements/ Method Statement Risk Assessment**  **adequately cover the following:** | | | **Yes** | **No** | **N/A** |
| For excavations under / near overhead services, suitable control measures identified for preventing contact with overhead cables (including GS6 survey requirements) | | |  |  |  |
| ‘GENNY’ & ‘CAT’ available, calibrated and Operator trained (device specific)? | | |  |  |  |
| Have the most up to date underground service drawings been checked? | | |  |  |  |
| Do you understand the service drawings? | | |  |  |  |
| Have the services been isolated where possible? | | |  |  |  |
| Arrangements agreed for locating and marking services. Run and depth? | | |  |  |  |
| Arrangements agreed for safe digging practice near services, including use of non-conductive tools for hand digging? | | |  |  |  |
| No penetrating pins, e.g., road pins, wooden pegs, etc. to be used within 1.0m of known underground service | | |  |  |  |
| Arrangements agreed for ground support to prevent collapse or falling material.?  Note: a Temporary Works Design is required for non-standard excavations | | |  |  |  |
| Arrangements agreed for Edge protection / Access & Egress / Plant and equipment? | | |  |  |  |
| Are trail holes complete? | | |  |  |  |
| Is the excavator excluded from the hand dig locations? | | |  |  |  |

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| **Existing Services:** | **Service Checked** | **Yes / No / N/A** |
| Service Information / Service Pack is available on site and drawings checked to confirm the presence of any known services? | Electric |  |
| Gas |  |
| Water |  |
| Telecom / Other |  |

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| **If excavation near or adjacent to HV Cable or M/H Pressure Gas Main** |
| The Site Service Pack includes ‘PAS-128’ Survey information (Carried out by a qualified Service Practitioner)  **Yes / No** |
| Size of Service Exclusion Zone to be established:  (NB. must be min 500mm each side of service) |
| Groundworks Supervisor allocated ‘Dig’ responsibility (name): |

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| **If excavation near or adjacent to LV Cable or Low Pressure Gas Main** |
| Groundworks Nominated ‘Responsible Person’ (name): |

**Sketch or scanned section** of service drawing detailing service location(s) near or

adjacent to planned excavation / ground penetration. Interface between service(s) and

works must be highlighted**.**

To be completed by Groundworks Supervisor or Site Manager

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| (You can attach drawings instead of a sketch) |

**Record of Pre-Start Briefing to be carried out by the Groundworks Supervisor**

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| **Groundworks Operatives** – I confirm that I have been fully briefed on the agreed Safe System of Work and I am wearing full length, flame retardant overalls (Where applicable): | |
| Name: | Signature: |
| Name: | Signature: |
| Name: | Signature: |
| Name: | Signature: |
| Name: | Signature: |
| **Details of the person issuing the permit** (This can be the site manager or the groundworks supervisor)  Name: Signature: Date: | |
| **Groundworks Supervisor / Nominated ‘Responsible Person’** – I confirm that I am trained in the works being undertaken and fully understand the agreed Safe System of Work.  Name: Signature: Date: | |
| **Site Manager** – I confirm that I am aware of the excavation works being undertaken and will ensure non-groundworks operatives are kept away from the groundworks area.  Name: Signature: Date: | |

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| **Permit Opened:** | | | |
| Date: | Time: | Name: | Signature: |

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| **Permit Closed:** | | | |
| Date: | Time: | Name: | Signature: |