**TRENCHING / GROUND EXCAVATION PERMIT**

FOR DEPTHS GREATER THAN 300MM

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<th>Permit No.:</th>
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## 1. GENERAL DETAILS

- **Campus:**
  - Wollongong
  - Innovation Campus
  - Shoalhaven
  - Batemans Bay
  - Bega
  - Moss Vale
  - Loftus
  - Other:

- **Location:**

- **Requestor name:**
  - UOW
  - Other:

- **Description of work:**

- **Tools / equipment to be used:**

- **Organisation / person requesting work to be undertaken:**

## 2. SUB SERVICE IDENTIFICATION

| University infrastructure information has been obtained and reviewed? |
|-----------------------------|---|---|---|
| Y | N | N/A |

- **Plans are attached identifying:**
  1. In ground services (size A3)
  2. Area of excavation
  3. Excavation depth below existing ground level.
  4. Equipment to be used

- **A risk assessment has been prepared for this work and attached to the permit?**

**Services identified (tick relevant boxes)**

- Electricity Low Voltage
- Electricity High Voltage
- Gas
- Water / Fire
- Stormwater
- Sewerage
- Communications / Data / Fibre Optic
- Copper wiring (magnetic loops)
- Asbestos piping / pits
- Unknown (detected on Ground Penetrating Radar, GPR)
- No services

**Risks identified (tick relevant boxes)**

- Person falling into an excavation
- Person being trapped by excavation collapse
- Person being struck by a falling object
- Exposure to airborne contaminant
- Excavated trench depth is equal to or greater than 1.5 m
- If equal to or greater than 1.5m a risk assessment required

## 3. AUTHORISATION

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**Permit Approver** - This authorisation signifies that the planning component of the Risk Assessment & Excavation Permit has been completed and that excavation work is authorised to commence in accordance with the Permit Request.

- **Name:**
- **Signature:**
- **Date:**
- **Time:**

**Permit Requestor** - As the person requesting this permit, I hereby certify that:
- I am competent to coordinate this excavation work in accordance with the Risk Assessment & Excavation Permit;
- I shall undertake to implement all planned and necessary controls to ensure safe excavation access and work methods;
- I shall monitor the excavation / work hazards and control methods throughout the excavation work.

- **Name:**
- **Signature:**
- **Date:**
- **Time:**

## 4. COMPLETION OF WORK

**Permit Requestor** - The work has been completed and all persons have left the work area. The excavation area has been filled or is secure to prevent unauthorised entry.

- **Name:**
- **Signature:**
- **Date:**
- **Time:**