

G. Facilities Excavation Permit

FACILITIES EXCAVATION PERMIT

Order:

| | | | |
|---|-----------|-------------------------------------|------|
| Location: | | | |
| Type of excavation: (check all that apply) | | | |
| <input type="checkbox"/> Hand Tools | | <input type="checkbox"/> Jackhammer | |
| <input type="checkbox"/> Backhoe | | <input type="checkbox"/> Hoe Ram | |
| <input type="checkbox"/> Excavator | | <input type="checkbox"/> Driving | |
| <input type="checkbox"/> Auger | | <input type="checkbox"/> Other | |
| <input type="checkbox"/> Saw Cutting | | <input type="checkbox"/> | |
| Utility Survey: | | | |
| <input type="checkbox"/> Electrical | By: _____ | Date: _____ | |
| <input type="checkbox"/> Telephone | By: _____ | Date: _____ | |
| <input type="checkbox"/> Roads and Tracks | By: _____ | Date: _____ | |
| <input type="checkbox"/> Piping | By: _____ | Date: _____ | |
| <input type="checkbox"/> Radiological Dept. Notified | By: _____ | Date: _____ | |
| <input type="checkbox"/> Environmental Health & Safety Dept. Notified | By: _____ | Date: _____ | |
| Special Precautions: | | | |
| Concurrence: | | | |
| <input type="checkbox"/> General Contractor | By: _____ | Date: _____ | |
| <input type="checkbox"/> Sub-Contractor | By: _____ | Date: _____ | |
| <input type="checkbox"/> Const. Engineer/Gen. F. | By: _____ | Date: _____ | |
| <p>Even with this survey, it is understood that care should be taken during all excavation due to possibility of unidentified utilities, foundations, insulated structures, etc. that may be unidentifiable. If any unidentified utilities, insulation or other unexpected materials are encountered, contact the Construction Engineer, Field Planner or the service desk prior to further excavation.</p> | | | |
| Worker Acceptance: | | | |
| <p>All personnel performing work shall read this form, initial and print their name, department and date below after receiving a pre-job briefing from the supervisor if they concur that the hazard mitigation's are understood and will be complied with during the job.</p> | | | |
| NAME | INITIAL | DEPT. | DATE |
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