

**ESSENTIAL
STANDARD
no.1**

Excavations



Excavator Operator:

I confirm that I am aware of my responsibilities in accordance with this permit and I will not operate any plant within 500mm of an identified service.

Name:		Sign:		Date:		Time:	
Name:		Sign:		Date:		Time:	
Name:		Sign:		Date:		Time:	

Work team sign off: (All other personnel involved in the work activity applicable to this permit)

I confirm that I have read and understood the content of this permit and will undertake my duties strictly in accordance with the control measures identified in this permit and associated risk assessment and method statement.

Name:		Sign:		Date:		Time:	
Name:		Sign:		Date:		Time:	
Name:		Sign:		Date:		Time:	
Name:		Sign:		Date:		Time:	

Section 5 – Escalation sign off (where 'no' is identified through the permit, it is the duty of the responsible Manager to attend site and verify information and consider service isolations, diversions or additional control measures to proceed safely)

Responsible Manager:

Name:		Position:		Sign:	
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