|  |  |  |
| --- | --- | --- |
| Contractor Company Name: | Emergency Contact No. | Employees Performing Work 1)2)3)4) |
| Contractor Supervisor/Competent Name: |  |
| Area:  |  | Date: |  | Time:  |  |
|  (Area description must be precise) |
| Permit Requestor: |  | Sign:  |  |
| Performing Work:  |  | Sign: |   |

**Note:** I understand the precaution to be taken as described above and as per Project requirement & here by confirm that Work will be executed under my supervision by following all precaution & Safety Rules

|  |  |
| --- | --- |
|  **Description of work:** |  |
|  |
| **Soil Classification Type (Circle):** | **A** | **B** | **C** | **Excavation Length & Depth:** |  | **Weather Conditions:** |  |
| **Work Execution Date:** |  | **Time:**  |  | **Valid From:** |  | **To:**  |  |

The above signing person will be responsible to ensure that the above described work will be done under all the safety precaution mentioned on the PTP. The following precautions are to be taken.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No | Item | **Yes** | **No** | **N/A** |
| 1. | GENERAL- | [x]  |  | [x]  |
| (a) | Protective system used in any trench/excavation >5’ deep | [ ]  [x]  |[ ]  [ ]  [x]  |
| (b) | Protective system used in any excavation >20’ deep designed by a Professional Engineer | [ ]  [x]  |[ ]  [ ]  [x]  |
| (c) | Spoils, materials & equipment set back >2’ from edges of excavation | [ ]  [x]  |[ ]  [ ]  [x]  |
| (d) | Engineering designs for sheeting &/or mfg’s data sheet on trench boxes on site | [ ]  [x]  |[ ]  [ ]  [x]  |
| (e) | Adequate signs posted and barricades provided | [ ]  [x]  |[ ]  [ ]  [x]  |
| (f) | Employee training conducted or verified before work begins | [ ]  [x]  |[ ]  [ ]  [x]  |
| 2. | UTILITIES- |  |  |  |
| (a) | Utility companies contacted & given required notice & utilities marked  | [ ]  [ ] [ ] [ ] [ ] [ ] [x]  |[ ] [ ]
| (b) | Utility locations (overhead & underground) reviewed with operator and employees | [ ]  [x]  |[ ]  [ ]  [x]  |
| (c) | Utilities protected, supported or removed when excavation opened | [ ]  [x]  |[ ]  [ ]  [x]  |
| (d) | Manholes & culverts evaluated for confined space hazards (separate permit req’d) by competent person | [ ]  [x]  |[ ]  [ ]  [x]  |
| (e) | Competent person certifies manholes & culverts are free of hazardous atmospheres | [ ]  [x]  |[ ]  [ ]  [x]  |
| 3. | WET CONDITIONS- | [x]  |  |  |
| (a) | Employees protected from water accumulations (continuous dewatering) | [ ]  [x]  |[ ]  [ ]  [x]  |
| (b) | Inspection performed after every rain | [ ]  |[ ]  [ ]  |
| 4. | ENTRY & EXIT- | [x]  |  |  |
| (a) | Ladders or earthen ramps no further than 25’ from ANY employee in ANY direction | [ ]  |[ ]  [ ]  [x]  |
| (b) | Ladders extend 3’ above excavation edge & secured | [ ]  |[ ] [ ]
| (c) | Employees protected from cave-ins where entering/exiting the excavation | [ ]  |[ ] [ ]
| 5. | CONFINED SPACE- |  |  |  |
| (a) | Trenches evaluated for confined space hazards by competent person |[ ] [ ] [ ]
| (b) | Competent person certifies trench is free of potentially hazardous atmospheres |[ ] [ ] [ ]
| (c) | Where hazardous atmospheres could or do exist, competent person shall test atmosphere using direct read gas monitor & fill out Confined space permit |[ ]  [ ]  |[ ]



**WARNING:** Trenches over 5 feet deep will use a protective system. Excavations > 4 feet deep may be considered Confined Spaces. Follow Confined Space Entry Procedures.

|  |  |  |
| --- | --- | --- |
| **Protective System Used (Circle One)?** | Yes | No |

**If Yes, which type?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Shielding (Box)** | **Shoring** | **Sloping** | **Benching** | **Other (describe):** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Excavation Competent Person:** |  | **Sign:**  |  | **Date:**  |  |
| **Contractor/Project Safety Rep:** |  | **Sign:**  |  | **Date:**  |  |
| **Registered Professional Engineer (if required, 29 CFR 1926 Subpart P ):** |  | **Sign:**  |  | **Date:**  |  |

**Permit Completion:**  I hereby declare that the work is completed/ suspended, all workers under my control have been withdrawn and the site restored to a safe condition.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Excavation Competent Person:** |  | **Sign:**  |  | **Date:**  |  |