GD12 Permit to dig



Work must not start until Sections A, B and C of this permit have been completed and signed by authorised persons.

Company	name				Project title						
Location					Contract no.						
Section A. Project details (To be completed by project or package manager)											
Contractor											
Date and ti	me issu	ed	Completion d				•				
Supervisor (print name)		ge of works	Operatives (print name								
Brief description of works											
Section I	B. Pred	cautions to	be taken	before work i	s carried ou	t					
Section B. Precautions to be taken before work is carried out (To be completed by the supervisor in charge of the works)											
Essential p	rocedu	res				Yes	s No	Con	nments		
1. Contrac	t drawin	gs and details is	ssued by the	e client or otherwis	se obtained.						
2. Drawings show the location, type and status of underground services.											
3. Live services made dead as far as it is possible or necessary to do so.											
Work area surveyed by a competent person, using appropriate detection equipment to confirm the exact location of underground services.											
5. Location	n of serv	vices marked on	the ground								
Valid method statement and risk assessment in place.											
Method statement and risk assessment explained to the operatives carrying out the work.											
8. Person in charge of the excavation is fully conversant with the principles of safe digging and/or avoidance of underground services.											
9. All operatives familiar with safe excavation practices.											
If plant is being used, operator is competent and familiar with safe digging practices.											
State type, serial number and calibration test date of cable avoidance equipment used.											
Confirmation by contractor's supervisor: I confirm that the precautions specified above will be complied with and I will ensure that the persons carrying out the work, described above, are fully briefed on the safe method of work.											
Name			Position		Signature				Date		
Confirmation by operator(s): I understand the precautions to be taken in carrying out the works.											
Name			Position		Signature				Date		



Section C. Completion of work

(To be completed by the supervisor in charge of the works)

I am satisfied that:

- the excavation has been backfilled and the surface reinstated*
- the work is completed and the area has been left in a safe condition*
- the work area is clear of operatives and all equipment*

utility company(ies) have been informed that services made dead may now be reactivated*											
I am not satisfied that the work has been completed satisfactorily and the additional work described below must be completed before this permit may be cancelled*.											
* Delete as appropriate											
Name		Position		Signature		Date					
Additional work that is necessary to enable this permit to be cancelled.											
Section D. Cancellation of permit (To be completed by the supervisor in charge of the works)											
I am satisfied that all work has been completed and this permit is now cancelled.											
Name		Position		Signature		Date					