GEORGIA INSTITUTE OF TECHNOLOGY

ENVIRONMENTAL HEALTH AND SAFETY

EXCAVATION PERMIT

Instructions: This permit must be filled out completely prior to performing in trenching or excavation work. Note: If weather has affected the work site it is important to re-inspect the area.

Site Location	DateTime
Competent Person	Supervisor of Competent person
Project Manager	Contact Number
Valid Period of Permit Start Date:	Completion Date:
Reason for Excavation	
Equipment to be used	
Number in Crew Members Number working in the trench Depth of trench Type of Soil Materials Type A (Cohesive Clay) Slope Type B (Silty Loam) Slope Angle	Type of Shoring Timber Mechanical
Type C (Sandy Silt or Clay) Angle	Hydraulic Approved Terrace
Answer the following questions	Yes or No
Employee is not farther than 25 feet from a lad	der?
Ladders extend 3 feet above mouth of trench?	
Spoil bank piled no closer than 2 feet of mouth	n of trench?
Electrical isolation required?	
Mechanical isolation required?	
Mobile equipment has warning system at trench	n mouth locations?
Are employees working outside the trench show	0
Hazardous atmosphere exists?	ed Space Entry Form

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SAFETY PRECAUTIONS:

- □ Maintain a safe access and exit route to and from excavation
- □ Prevent collapse of the excavation
- □ Perimeter protection system are in place
- Confirm materials and equipment does not fall onto the crew members in the excavation
- □ Avoid the undermining of other structures/nearby buildings
- □ Protect crew members and Georgia Tech from hazardous fumes

Note: Report All Minor Or Major Collapses To The Project Manager And The EHS Department.

I accept the conditions of this permit as specified above.	
Signature: _	(Permit Recipient).
I have reviewed the conditions as outlined in this permit and I have examined the work permit zone. The necessary precautions have been taken and I authorize the work to commence.	
Signature:	(Georgia Tech Permit Issuer).
Completion: The work is complete and the area is safely secured.	
Signature	(Georgia Tech Permit Issuer). Date: Time: