

**WIELAND-DAVCO CORPORATION
EXCAVATION PERMIT**

WORK PERFORMED BY: _____ DRAWING: _____

LOCATION OF EXCAVATION: _____

REASON FOR EXCAVATION: _____

STATE DATE: _____ PERMIT EXPIRES: _____

PHONE: _____

UTILITIES	PRESENT IN EXCAVATION AREA	COMMENTS
WATER	<input type="checkbox"/>	_____
SEWER	<input type="checkbox"/>	_____
GAS	<input type="checkbox"/>	_____
POWER	<input type="checkbox"/>	_____
FIRE LINES	<input type="checkbox"/>	_____
PROCESS LINES	<input type="checkbox"/>	_____
OTHERS	<input type="checkbox"/>	_____

SPECIAL PRECAUTIONS/REQUIREMENTS (CHECK THOSE THAT APPLY)

- | | |
|--|--|
| <input type="checkbox"/> %O ₂ | <input type="checkbox"/> HAND EXCAVATE AT UTILITY CROSSING |
| <input type="checkbox"/> EXPLOSION TESTING | <input type="checkbox"/> GROUNDING OF TOOLS |
| <input type="checkbox"/> GAS/FUME TESTING | <input type="checkbox"/> BARRICADES |
| <input type="checkbox"/> STANDBY PERSON | <input type="checkbox"/> SPECIAL CLOTHING |
| <input type="checkbox"/> OTHER (SPECIFY) | _____ |

COMMENTS: _____

_____ <i>Project Engineering</i>	_____ <i>Subcontractor Coordinator (if Applicable)</i>
_____ <i>Client Representative (if an operating facility)</i>	_____ <i>Fire Protection Supervisor</i>
_____ <i>Electrical Superintendent</i>	_____ <i>Craft Supt. Of Craft Excavating</i>
_____ <i>Pipe Superintendent</i>	_____ <i>Safety Representative</i>

Excavation Competent Person

NOTE: Competent Person must fill out Competent Person Checklist.

COMPETENT PERSON CHECKLIST

SOIL CLASSIFICATION STABLE ROCK TYPE A TYPE B TYPE C

	Yes	No	NA
HAVE ALL PROCEDURAL REQUIREMENTS BEEN MET WITH DOCUMENTATION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS EXCAVATION CLOSE TO UTILITIES, BUILDINGS, FOOTINGS, PILINGS, SOURCE OF VIBRATION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE UTILITIES, ETC., BEEN LOCATED? AREA TO BE PROBED AND CLEARED BEFORE EXCAVATING WITH BUCKET.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAS A CHECK FOR THE PREVIOUS EXCAVATIONS IN THE AREA BEEN MADE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE ADEQUATE SUPPLIES OF EQUIPMENT, PPE, SHORING MATERIAL, SIGNS, BARRICADES, MACHINERY, ETC., BEEN CHECKED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER OBSTRUCTIONS/HAZARDS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SLOPE WILL BE: _____ COMMENTS: _____

SIZE OF EXCAVATION: DEPTH _____ WIDTH _____ LENGTH _____

DO VEHICULAR AND MACHINERY OPERATION PATTERNS NEED TO BE CHANGED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILL WATER REMOVAL OPERATIONS/EQUIPMENT BE NEEDED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAVE TRENCH BOXES OR TRENCH SHIELDS BEEN CHECKED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENTRANCE/EXIT MEANS STAIRWAY LADDERS RAMPS
(MAXIMUM TRAVEL DISTANCE TO EXIT 25-FT)

IF THE DEPTH OF THE EXCAVATION IS 5 FEET OR MORE, CHECK THE APPROPRIATE OSHA 1926 APPENDIX BELOW:

- | | |
|---|---|
| <input type="checkbox"/> B - SLOPING/BENCHING | <input type="checkbox"/> E - ALTERNATIVES TO TIMBER SHORING |
| <input type="checkbox"/> C - TIMBER SHORING | <input type="checkbox"/> F - SELECTION OF PROTECTIVE SYSTEM |
| <input type="checkbox"/> D - ALUMINUM HYDRAULIC SHORING | |

NOTE: SLOPING/BENCHING FOR EXCAVATIONS DEEPER THAN 20 FEET MUST BE DESIGNED BY A REGISTERED PROFESSIONAL ENGINEER.

COMPETENT PERSON: _____ DATE: _____