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____________________________________ Date_____________ Time_____________

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 C (Sandy Silt or Clay) Angle

Type of Shoring

☐ Timber
☐ Mechanical
☐ Hydraulic
☐ Approved Terrace
☐ Other __________________

Answer the following questions     Yes or No

Employee is not farther than 25 feet from a ladder?   __________

Ladders extend 3 feet above mouth of trench?    __________

Spoil bank piled no closer than 2 feet of mouth of trench?   __________

Electrical isolation required?      __________

Mechanical isolation required?      __________

Mobile equipment has warning system at trench mouth locations?  __________

Are employees working outside the trench shoring area?   __________

☐ If YES, move or extend the shoring area.

Hazardous atmosphere exists?      __________

☐ If YES, fill out a Confined Space Entry Form
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: ________