

This form is to be completed by any person or company wishing to conduct works on Southern Ports - Albany land which involves excavation of earth by machine or by hand and which has potential to cause a hazard to people or damage to Port infrastructure or Services.

This form must be accompanied by a JSA or Safe Work Procedure

Section 1: Description of Works (Applicant to complete)

Include machinery to be used, depth, width and length of excavation, and any other relevant information.

Proposed Date:		Time:		AM	PM
----------------	--	-------	--	----	----

Section 2: Location Sketch (Applicant to complete)

Section 3: Required Checklists & possible additional associated Permits

		Yes	No
1	Is the area for excavation required to be barricaded with warning signs & lights?		
2	Has a JSA been completed and all staff involved in the task signed off?		
3	Underground electrical and utility services checked?		
4	All staff aware of the location of services (drawings)?		
5	Electrician required to be present at the time of excavation?		
6	Work to be carried out according to Worksafe WA Code of Practise – Excavation 2005 and any other relevant Australian Standard or Regulation.		
7	All plant and equipment certified as required and fit for the task to be performed.		
8	All staff trained and competent for duties required.		
9	Has contractor called Dial-Before-You-Dig (1100)?		

Section 4: Contractor Representative Statement of Acknowledgement

I acknowledge the requirements of Southern Ports - Albany to identify and control risks and work in a safe manner at all times.

I confirm the company has satisfactory documented safe systems of work in place and that all permits and licences required are in order and understood.

Company Representative		
	Name	Signature
Time	Date	Position in Company

Section 5: Contractor Representative Statement of Acknowledgement

I am satisfied that the contractor information provided to me is sufficient to show that the contractor has a system in place to fulfil their legal obligations to conduct works in a safe manner. This Permit to Work is approved subject to any conditions listed below.

SP Representative		
	Name	Signature
Time	Date	Position in Company

