

Purpose:	To make an application to Excavate the ground within the Port of Esperance.
Completed by:	Permit Applicant and Electrical Services.
Filed:	Form filed in ERP file
	<ul style="list-style-type: none"> • Notify the Electrical Services delegate 48 hours before work commences to allow for a site survey. • Any project works notify the Electrical Services Delegate when the project is being prepared. • Preparations and risk assessment for all excavations shall assume a live, unknown service will be discovered

Section 1: Description of works (Applicant to complete)

Scope of Works:	_____		
Machinery/Tools:	_____		
Depth:	Width:	Length:	
_____	_____	_____	
Proposed Date:	Time:		
_____	_____		
Scheduled Completion Date:	Time:		
_____	_____		

Section 2: Location sketch (Applicant to complete)

Section 3: Required checklists and possible additional associated permits.

	(Select applicable)	
Area for excavation of the ground will have a barrier with warning signs and lights if applicable. The area must have a hard barrier and made safe if left unattended overnight. Refer to Code of Practice Excavation 2005 (Government of Western Australia)	YES	NO
Is a Confined Space Permit required	YES	NO
Asbestos register (D16/1018) checked to identify old underground services?	YES	NO
As determined by the register, is work likely to impact on old services?	YES	NO
Will works generate fill? (If yes, contact Environment team for decision on treating fill as clean or contaminated.)	YES	NO

Environmental / Safety checks completed by:

Name: _____ **Signature:** _____

Underground electrical and utility services checked by:

Name: _____ **Signature:** _____

Electrician present at the time of excavation of the ground. **YES** **NO**

Section 4: Applicant's details and signature (Applicant to complete)

Company:

Name: _____ **Phone/Contact:** _____

Signature: _____ **Date:** _____

Section 5: Permit details (Electrical Services Superintendent or Delegate to complete)

Permit Issued **YES** **NO (Select Applicable)**

Conditions:

Appointed Permit Issuer 1 (**name**): _____

Signature: _____ **Date:** _____

Appointed Permit Issuer 2 (**name**): _____

Signature: _____ **Date:** _____