SOUTHERN PORTS
ALBANY BUNBURY ESPERANCE

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

- 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)

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Authorised by: Tony Leeson   Record No: D16/173
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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**

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:** _____