



Lusail Real Estate Development Company

Health, Safety, Security, Environment, Logistics & Quality Department


Lusail Construction Safety Procedural Forms/Checklists – Excavation Permit

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COMPANY PROPRIETARY INFORMATION

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	<h2 style="margin:0;">Permit to Work (PTW)</h2>	LUS-HSE-FM4-446-066.01	
		Issue Date:	Permit #:
SPECIFIC LOCATION:			
DATE OF SURVEY/ INSPECTION:			
WEATHER CONDITIONS:		CONTRACTOR NAME:	
EQUIPMENT TO BE USED:		COMPETENT PERSON NAME:	
DIMENSIONS	DEPTH(S) =		Yes No HAZARDOUS CONDITIONS
	TOP =	W L	<input type="checkbox"/> <input type="checkbox"/> Saturated soil / standing or seeping water?
	BOTTOM =	W L	<input type="checkbox"/> <input type="checkbox"/> Evidence of fracturing or fissuring?
SOIL APPEARANCE		TESTED	
<input type="checkbox"/> Solid rock	<input type="checkbox"/> Yes		<input type="checkbox"/> <input type="checkbox"/> Bulging wall(s)?
<input type="checkbox"/> Average soil	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> Floor heaving?
<input type="checkbox"/> Fill material	Test Method Used		<input type="checkbox"/> <input type="checkbox"/> Frozen soil?
<input type="checkbox"/> Loose sand	<input type="checkbox"/> Visual		<input type="checkbox"/> <input type="checkbox"/> Sur-charge loading within 10 meters?
		<input type="checkbox"/> Manual	<input type="checkbox"/> <input type="checkbox"/> Vibration source(s) within 10 meters?
			<input type="checkbox"/> <input type="checkbox"/> Depth greater than 1.5 meters?
SOIL CLASSIFICATION		UTILITY LOCATIONS SURVEY	
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> Solid Rock		<input type="checkbox"/> <input type="checkbox"/> Did Contractor review as-built drawings?	
PROTECTIVE SYSTEM(S) PLANNED		<input type="checkbox"/> <input type="checkbox"/> Has a subsurface utility survey been performed?	
<input type="checkbox"/> Timber Shoring		<input type="checkbox"/> <input type="checkbox"/> Contractor will hand dig to locate known utilities?	
<input type="checkbox"/> Pneumatic Shoring		<input type="checkbox"/> <input type="checkbox"/> Has utility owner been notified of work planned?	
<input type="checkbox"/> Hydraulic Shoring		ACCESS/ EGRESS	
<input type="checkbox"/> Screw Jacks		<input type="checkbox"/> <input type="checkbox"/> Access located in protected area?	
<input type="checkbox"/> Trench Shield/ Box		<input type="checkbox"/> <input type="checkbox"/> Access located within 7.5 meters of workers?	
<input type="checkbox"/> Sloping/ Benching to ¾ H : 1V (reqt for type A soil)		<input type="checkbox"/> <input type="checkbox"/> Ladders secured from displacement?	
<input type="checkbox"/> Sloping/ Benching to 1H : 1V (reqt for type B soil)		<input type="checkbox"/> <input type="checkbox"/> Ladders extends min 1 meter above the landing	
<input type="checkbox"/> Sloping/ Benching to 1 ½H : 1V (reqt for type C soil)		<input type="checkbox"/> <input type="checkbox"/> Ladders meet ladder safety requirements?	
Evidence of Fissuring? Yes No		INDUSTRIAL HYGIENE	
Yes No EDGE PROTECTION		<input type="checkbox"/> <input type="checkbox"/> Gas detector(s) used?	
<input type="checkbox"/> <input type="checkbox"/> Spoils placed min 0.6 meters from edge of trench?		<input type="checkbox"/> <input type="checkbox"/> Source(s) of gases, vapors or fumes present?	
<input type="checkbox"/> <input type="checkbox"/> Mobile equipment provided with berm or stop logs?		<input type="checkbox"/> <input type="checkbox"/> Internal combustion engines at remote locations?	
SPECIAL INSTRUCTIONS & WORK INSTRUCTIONS			
Contractor must attach relevant documentation to permit (JHA, method statement, drawings, photos, survey results, etc) to verify that all necessary controls/ actions have been taken. Documents shall be made available for review by Supervising Consultants.		TO BE SIGNED BY EXCAVATION COMPETENT PERSON <div style="border-bottom: 1px solid black; width: 100%; height: 20px;"></div> <i>Soils Competent Person</i>	
AUTHORIZATION TO CARRY OUT WORK- (To be Signed by Supervising Consultant ONLY) I CERTIFY THAT THE ABOVE EQUIPMENT/SITE IS SAFE TO CARRY OUT WORK BY PERSONS SUBJECT TO THE SPECIFIED REQUIREMENTS ISSUED BY: PERMIT VALID FROM DATE/...../..... AM/PM COUNTERSIGNED: TO DATE/...../..... AM/PM			
PERMIT TERMINATION Contractor/ Employee Received by Supervising Consultant Date Time Date Time			