## **PERMIT TO EXCAVATE**

Name:				Date:				
Description of Work								
A I II								
Specific Location	<b>-</b>		<b>T.</b>					
Proposed Time of Work From	Date:		Time:					
Proposed Time of Work To  Checklist to be Completed F		ork Commencing	iime.			Yes	No	N/A
Checklist to be Completed Before Work Commencing  A compliant safe work method statement has been prepared and is attached to					d to	163		14/7
this permain						Ш		
			V ,					D.
						-		
						$\pi$	$\pi$	71
	ORDI	ER NOW AI	ND G	FT FUI	1 4	$\Delta CC$	FS	3

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