



EXCAVATION PERMIT

DATE:	TIME:	EXPIRATION:	TICKET #:
JEA DEPARTMENT:		CONTRACTOR:	
JOB DESCRIPTION AND LOCATION:			

BEFORE EXCAVATION OR TRENCHING

- SIZE OF EXCAVATION Length _____ Width _____ IF KNOWN
- DEPTH OF EXCAVATION _____ IF KNOWN
- CHECKED LOCATION OF UTILITY SERVICES
- CALLED SSOCOF 1(800) 432-4770, MINIMUM 2 WORKING DAYS
- WATER IN AREA OF EXCAVATION, ACTION TO DEVERT OR ELIMINATE
- PERSONNEL PROTECTIVE EQUIPMENT ON SCENE
- TYPE C SOIL = 1.5 : 1 SLOPE
- EQUIPMENT TO BE USED _____
- PROTECTION 5 FEET IN DEPTH: TRENCH BOX / SHORING / SLOPING REQUIRED

DURING EXCAVATION/TRENCHING

- DAILY INSPECTION PRIOR TO WORK COMMENCEMENT
- INSPECTION AFTER CHANGING CONDITIONS, RAIN, ETC.
- TOXIC / COMBUSTIBLE GASES / OXYGEN ADEQUATE: PERMIT CONFINED SPACE Y / N
- EGRESS REQUIREMENTS: LADDERS, RAMPS, ETC.
- WATER REMOVAL EQUIPMENT REQUIRED Y / N
- ACTUAL DEPTH _____ ACTUAL WIDTH _____

APPLICABLE SIGNATURES AND DATES

COMPETENT PERSON: _____	DATE: _____
SUPERVISOR: _____	DATE: _____
EQUIPMENT OPERATOR: _____	DATE: _____
PROFESSIONAL ENGINEER: _____	DATE: _____
SAFETY & HEALTH: _____	DATE REC: _____