

Excavation Permit Form (Confined Spaces)

Project: _____

Permit No.: _____ Date: _____

Location of Excavation: _____

Supervisor in Charge: _____ Contact: _____

Description of Work:

Estimated Start: _____ Estimated End: _____

Section 1: Hazard Identification & Risk Assessment

Hazard	Present?	Control Measures
Oxygen Deficiency	<input type="checkbox"/> Yes <input type="checkbox"/> No	Continuous atmospheric monitoring, ventilation
Toxic Gases/Vapors	<input type="checkbox"/> Yes <input type="checkbox"/> No	Testing before and during entry, PPE, ventilation
Engulfment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Shoring/trench boxes, no work in adverse weather
Inadequate Access/Egress	<input type="checkbox"/> Yes <input type="checkbox"/> No	Multiple ladders, clear access maintained
Mechanical/Electrical Hazards	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lockout/tagout, equipment guards present
Other (Specify): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Section 2: Precautions & Controls Checklist

- Confined space entry permit obtained
- Barricades and warning signs in place
- Atmosphere tested (O₂, CO, H₂S, Explosives)
- Emergency rescue plan established and rescue equipment onsite
- Standby/attendant present
- PPE issued and inspected
- Lighting and ventilation adequate
- Utilities (gas, water, electric) located and isolated
- Communication method established

Section 3: Authorization

Competent Person Conducting Inspection:

Name: _____ Signature: _____ Date: _____

Permit Issuer:

Name: _____ Signature: _____ Date: _____

Entry Supervisor:

Name: _____ Signature: _____ Date: _____

Section 4: Permit Validation

Permit Valid From: _____ To: _____

All excavation activities in/adjacent to confined spaces must cease immediately if any control measures are breached or unsafe conditions arise.

This permit must be displayed at the worksite at all times during excavation activities.