PERMIT TO EXCAVATE								
Name:					Date:			
Description of Work								
Specific Location								
Proposed Time of Work From		Date:		Time:				
Proposed Time of Wor	k To	Date:		Time:				
Checklist to be Completed Prior to Work Commencing						Yes	No	N/A
A compared fe work method statement has been prepared and is attached to this primit?						to 🗆		
An a curate site plan id and und cest pe ed ad reviewed?						id [
	services	e	mı k	./ le	nas	n -		
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ORDER NOW AND GET FULL ACCESS								
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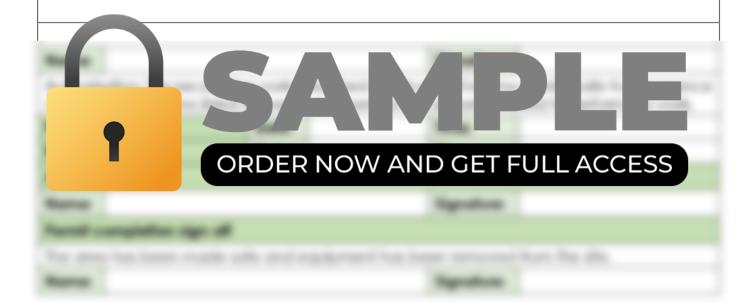
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Competent Person to Complete (Circle as is applicable)

I have inspected the area and advise that shoring is / is not required for the works outlined in this permit.

Note: If required a copy of the shoring design and drawings/details should be attached.

Details of My Qualifications and Experience



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