DIG PERMIT

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1. GENERAL INF	FORMATION					
Location of excav	vation (Attach Plans):					
Drawing Number	s of Plans Attached (highlight utilities)					
Purpose of excav	vation:					
Start Date:	Expected Completion Date:			Depth: Width:	Length:	
2. LOCATE SER	VICE NOTIFICATION					
Ticket No.		Date Requested		Requested By.		
Description:						
3. PRE - WORK	CHECKLIST					
It is the Superir	s section is complete	Initials	f No STOP Varience is required			
Are all utilities shown on drawings marked in field?		Y/N		j j		
Are all relocations and installed utilities accounted for?		Y/N	Ì	<u></u>		
Have you performed a field verification to look for unknown utilities?		Y/N	İ	uce		
Have all utilities been potholed according to policy?		Y/N	İ	arie.		
Are utilities safe or protected from being crushed by the equipment?		Y/N		j %		
Does the crew understand the 3ft. hand dig policy?		Y/N		1 2		
Are updated utility drawings and any necessary as builts attached?		Y/N		S o		
Has the Hazard Analysis been reviewed?		Y/N		Ž ±		
4. UTILITY CHEC	CKLIST					
COLOR UTILITY		Is Utili	Is Utility present in the work area?			
BLUE	Water Systems		Y / N			
ORANGE	Telephone & Fiber Optics		Y/N			
GREEN	Sanitary Sewer Systems		Υ	/ N		
RED	Elec. Power Distribution and Transmission		Υ	/ N		
YELLOW	Gas and Oil Products Dis.		Υ	/ N		
PURPLE	Reclaimed Water, Irrigation		Y/N			
PINK	Survey		Υ	/ N		
5. SIGNATURES	(All Signatures required.) Pre-Work Checklist is	complete and policies/prod	cedures comr	municated clearly?		
			Sigr	nature		
Operator	Y / N					
Utility Engineer	Y / N	1				
Foreman	Y / N					
Superintendent	Y / N	1				
Crew						
Notes:						
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