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| **Form Explanation and Information** |
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| **Purpose/Procedure:** |
| * This form serves to assist in verifying slab demolition safety plans for the following activities:
	+ Saw Cutting
	+ Coring
	+ Drilling
	+ Excavating
	+ Chipping
	+ Pile Driving/Sheeting
	+ Any other disruption or surface penetration
		- The form should be completed by the contractor performing the work anytime a new cut is created in the slab 24 hours prior to work being performed and issued before any work that requires any of the activities outlined above ground can start that day, as it is only active for the day it is signed.
		- The worksheet provides an agenda for the required meeting to discuss the specific slab/wall penetration and excavation procedures.
* A coordination meeting should be organized prior to the slab/wall penetration or excavation to certify a safe and successful process at the project site.
* The signed permit must be posted in work area along with the Dig Book.
* The completed form is to be stored in the weekly safety file.
* Any questions related to this procedure should be directed to Austin Power Partners’ Safety Department.
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| **Project:** |  | **Subcontractor:** |  |
|  |  |  |  |
| **Individual performing the work:** |  | **Date:** |  |
|  |  |
| **Site Utility Review Date:** |  | **Coordination Mtg Date:** |  |
| **APP Area Superintendent:** |  | **Contractor Foreman:** |  |
| **APP Senior Superintendent:** |  | **APP Safety Supervisor (As Applicable):** |  |
|  |
| **Site Investigation** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | JULIE/DIGGER locate complete | Number: |  | Date: |  |
|  |  |  |  |  |  |
| [ ]  | Second locate complete& Copy of Report Submitted | Locator: |  | Date: |  |
|  |  |  |  |  |  |
| [ ]  | What type of Surface is being scanned (i.e. SOG, Suspended Deck PT, Pan Deck)? |  |   |
| Types of locates: | [ ]  Ground Penetrating Radar (GPR) | [ ]  Wand | [ ]  X-Ray Scan [ ]  GPS (For Previously Located Items) |
|  |  |  |  |
| [ ]  | List equipment utilized for primary/secondary locate:  | Primary: |  | Secondary: |  |
| [ ]  | Cut sheets for equipment submitted to APP for review | equipment suitable for depth of cut and Surface type?: |  | If No, what is plan?: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  | Temporary Utility Installations Shared with Locator |  |  |
| [ ]  | Have known manholes, junction boxes, and panels been identified; feeds to and from been traced to verify location; and have routing or services from above, below, through or around been verified?  |
| [ ]  | Is Pot-holing needed to locate utilities? |  |  |  |

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| **Work Planning** |
| Depth of Penetration: |  |
| Plan for work in close proximity to known utility: |  |
| Potential Service Impacts: |  |
| Existing Condition photo/map location: |  |
| As-built drawings Reviewed: | [ ]  Yes [ ]  No [ ]  Unavailable | If No/Unavailable, what is plan?: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What conditions identified when completing site investigation or reviewing existing photos, As-built drawings or utility map? |  |  |
|  |  |  |
|  |  |  |
| Work to be Performed (Check all that Apply): | [ ]  Machine Excavation | [ ]  Walk-behind Saw | [ ]  Coring (Black Box Required) | [ ]  Chipping |
|  | [ ]  Hydro-Vac | [ ]  Drilling | [ ]  Hand Dig |  |
|  | [ ]  Pile/Sheet Driving | [ ]  Jack Hammer | [ ]  Partner Saw | [ ]  Direct Bore |
|  |  |  |  |  |
| [ ]  Affected area and work plan reviewed with Facilities Manager (Occupied Spaces) | Name of Facilities Manager & Contact #: |  |  |  |
|  |  |  |  |  |
| [ ]  Any owner/facility-specific policies or requirements? |  |  |  |  |
|  |  |  |  |  |
| [ ]  Protection plan below cut/core (If Applicable) |  |  |  |  |
| [ ]  Job Hazard Analysis Submitted | [ ]  JHA Reviewed with crew and during coordination meeting |
|  |  |
| [ ]  Emergency Response Plan based on potential impacts | [ ]  Hole Covers/Barricades Installed and Sealed |
|  |  |
| **Comments** |
| Any additional steps that can be taken to prevent service disruption or property damage to complete the task? |
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|  |
| **Permit Closure** |
| Submitted by: |  |
| Reviewed by (APP representative): |  |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| ***If conditions change or utility is struck, APP Area superintendent shall be notified immediately.*** |