

In case of emergency call: 760-476-2202	<h2 style="margin: 0;">EXCAVATION WORK PERMIT</h2>	
--	--	--

Local regulatory requirements will govern if more stringent than those spelled out in this permit. The work governed by this permit must stop if the permit conditions are no longer met. This permit is only valid when all appropriate sections are completed and signed by the appropriate individuals up to and including Hand over (Section 4).

Section 1 General Information

This permit is linked to:

- A General Work Permit No:.....
- An SOP or other written work instruction Reference:.....

Work Order or/ and Equipment Specific Procedure number: (if applicable).....

Permit Requester: (name & Company)..... On: (date)

Permit Excavation valid from: (date & time) To: (date & time; max. 1 month)

Plant/ department/ area/ zone/ building:

Reason for excavating. Work activity description. Nature of work to be undertaken and method of excavating:

.....

.....

Attach a detailed sketch or drawing (Include location, dimensions of work to be completed, utilities, and grading plans for cut-and-fill work

Maximum dimensions Length: Width: Depth:	Estimated volume of excavated material: Request soil reuse as backfill? Yes <input type="checkbox"/> No <input type="checkbox"/>	As-built plans, if needed, will be completed by: <input type="checkbox"/> Contractor <input type="checkbox"/> Facilities engineer/ Viasat Project Manager <input type="checkbox"/> Other (Specify):
---	---	---

Section 2A Scope of Work – Potential Hazards & Mitigations

1. Excavation ≤ 0.3m (1ft) depth	<input type="checkbox"/> Mechanical – Complete section 2B	<input type="checkbox"/> Manual =>Take 5 completion/ NO Permit
2. Excavation > 0.3m (1ft) depth?	<input type="checkbox"/> Yes – complete Section 2B	<input type="checkbox"/> No – go to question 2
3. The area in which the excavation will take place potentially includes Underground Services	<input type="checkbox"/> Yes – complete Section 2C	<input type="checkbox"/> No – go to question 3
4. The area <u>potentially</u> contains contaminated soil/ old process materials/ chemicals	<input type="checkbox"/> Yes – complete Section 2D	<input type="checkbox"/> No – go to question 4
5. Is there potential risk due to the location of the excavation, ‘congested area, near overhead power lines or nearby other structures’?	<input type="checkbox"/> Yes – complete Section 2E	<input type="checkbox"/> No – go to question 5
6. Are Workers, ‘Public, Pedestrians/ traffic interfering’ with the excavation?	<input type="checkbox"/> Yes – complete Section 2F	<input type="checkbox"/> No – go to question 6
7. Other hazards?		

.....

.....

Section 2B Excavation / Trenching

1. Will workers be required to enter the excavation(s) ?	<input type="checkbox"/> Yes – go to question 2	<input type="checkbox"/> No – go to question 6
2. Will excavation(s) have a depth > 0.3 m (1ft) and ≤ 1.2 m(4ft) ?	<input type="checkbox"/> Yes – go to question 6	<input type="checkbox"/> No – go to question 3
3. Will excavation(s) have a depth > 1.2 m (4ft) and ≤ 4 m(12ft) ?	<input type="checkbox"/> Yes – go to question 5	<input type="checkbox"/> No – go to question 4
4. Will excavation(s) have a depth > 4 m (12ft) ?	<input type="checkbox"/> Yes – go to question 4b	<input type="checkbox"/> No – go to question 5
4b. Has a Certified Civil Engineer completed a stability analysis?	<input type="checkbox"/> Yes – go to question 5	<input type="checkbox"/> No – Work shall not proceed, Go Back to Section 2A

5.	5.1. Has the potential for atmospheric hazards been assessed? <ul style="list-style-type: none"> • Oxygen (Content < 19.5 % or > 23.5%) Flammable/explosive gas, vapor, or mist (Concentrations > 10% LFL), or airborne combustible dust ≥ LFL) • Toxic chemicals (Concentration ≥ TLV / OEL) • Any other atmospheric condition that is immediately dangerous to life or health 5.2. Has the potential that the space includes any other recognized safety or health hazard that is <u>immediately dangerous to life or health</u> been assessed? Including physical, electrical, mechanical, chemical, biological, radiological, thermal, and structural hazards.	<input type="checkbox"/> Space assessed and issues <u>not</u> applicable. Go to question 5.3. <input type="checkbox"/> Space assessed and issues applicable. PRCS entry permit added as annex to this permit? <input type="checkbox"/> Yes – go to question 5.3 <input type="checkbox"/> No - Work shall not proceed
	5.3. Does the space contain material that could potentially engulf an entrant (through collapse)	<input type="checkbox"/> Yes – go to question 5.4

<p>6.6. Will trenches > 1.2 m (4ft) in depth be excavated?</p> <p>a) Will trenches be wider than 0.8 m (2ft 7in) and/ or</p> <p>b) Will trenches be > 2m (6ft 7in) in depth</p>	<p><input type="checkbox"/> Yes - Trench bridges must be provided and secured (min 0.5m (1ft 7in) wide with handrail, mid-rail & toe-board</p> <p><input type="checkbox"/> No - Work shall not proceed</p> <p><input type="checkbox"/> N/A – Explain:</p>
---	--

Section 2C Underground Services

2.C.1. THIS PART MUST BE COMPLETED AS 'PREWORK' WHEN UNDERGROUND SERVICES ARE PRESENT

<p>Type of services identification: (check appropriate)</p>	<p>Mandatory – Underground service location and depth:</p> <p><input type="checkbox"/> detection undertaken</p> <p><input type="checkbox"/> to be undertaken (Electromagnetic/ Magnetic/ Ground Penetrating Radar)</p> <p><i>Note: Different techniques might be required depending on different types of material used to fabricate the underground lines.</i></p> <p>Has the person using the tools been properly trained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> From Authority or Underground asset service locator</p> <p>1.1. Where relevant and applicable if not relevant go to (1.2):</p> <p>Call Before You Dig / One Call Request made: <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain</p> <p>Call Before You Dig / One Call Ticket Number:</p> <p>Have all utility companies listed on the "Call Before You Dig / One Call Ticket" responded: : <input type="checkbox"/> Yes <input type="checkbox"/> No - Explain</p> <p>If any of the above questions is [No] please explain:</p> <p>1.2. Information obtained through other service provider: <input type="checkbox"/> Information sourced <input type="checkbox"/> To be sourced</p> <p><input type="checkbox"/> Visual inspection and search of the work area and potential services in the surrounds</p> <p><input type="checkbox"/> Services located by careful hand excavation or using vacuum techniques</p> <p><input type="checkbox"/> Existing services maps or plans (As built plans, not red-marked plans): <input type="checkbox"/> Reviewed <input type="checkbox"/> To be reviewed</p> <p><input type="checkbox"/> N/A – Explain:</p>
---	---

Identified Services PRIORITY 1:

<input type="checkbox"/> Gas or Fuel tank/pipeline	<input type="checkbox"/> Live/unknown electrical	<input type="checkbox"/> Steam, Chilled Water, Other Media.
<input type="checkbox"/> Production Sewer; API plants	<input type="checkbox"/> Control wiring	<input type="checkbox"/> Telecommunications (phone, fiber optic)
<input type="checkbox"/> Main Water Supply and Production Water.	<input type="checkbox"/> Fire Protection Water	<input type="checkbox"/> Forced main sewer pipes

Other (**Special caution when dual wall piping is used**):

Identified Services PRIORITY 2:

<input type="checkbox"/> Irrigation lines	<input type="checkbox"/> Non-live electrical	<input type="checkbox"/> Gravity flow sewer pipes or services; Sanitary
<input type="checkbox"/> Storm water		

Other – specify:

Service location(s) - Provide details/description of locations as detected (add to sketch); or explain areas shown by marking paint or similar.

Added to drawings/ sketches Yes No

Identification undertaken by:

Stating locator report attached Yes No – explain:

Date:

2.C.2 THIS PART MUST BE COMPLETED AT PERMIT ISSUANCE

Yes, services have been identified that could impact the excavation tasks.

2.1. Can this work be done with the 'Priority 1' identified services de-energized? Yes - go to question 2.4 No – go to question 2.2

2.2. Are all service isolation valves/ switches for 'Priority 1' clearly identified and easy accessible?

Yes No - **Work can only continue after a documented risk assessment* has been completed**

2.3. Are emergency plans in place?

Yes - Attach plans to permit No - **Work can only continue after a documented risk assessment* has been completed**

2.4. Have all identified services for 'Priority 1' been de-energized and proved safe? Lock Out/ Tag Out applied.

Yes No - **Work can only continue after a documented risk assessment* has been completed**

Identified Services PRIORITY 1:

- Gas or fuel tank/pipeline
 - Production sewer; API plants
 - Main water supply and production water.
 - Live/unknown electrical
 - Control wiring
 - Fire protection water
 - Steam, chilled water, other media.
 - Telecommunications (phone, fiber optic)
 - Forced main sewer pipes
- Other (Special caution when dual wall piping is used):

Identified Services PRIORITY 2:

- Irrigation lines
- Storm water
- Other – specify:
- Non-live electrical
- Gravity flow sewer pipes or services; Sanitary

2.5 Service location(s) - Provide details/description of locations detected, add to sketch; or an explanation of areas shown by marking paint or similar.

2.6. Restrictions (Including from service owner) to ensure safe work (provide details/description of work restrictions required):

.....

.....

.....

No there are no services in the area / vicinity that could impact the excavation tasks.

Section 2D Contaminated soil/ Old process materials/Chemicals

Is the site EHS department involved in the definition of the most appropriate controls? Yes No - **Work shall not proceed**

Measurement required? Yes No

Atmospheric monitoring:

	Instrument ID number	Calibration Date	Bump tested by	Time Bump test
O ₂ /Ex meter Tester:
O ₂ /Ex meter Entrant:
Toxic gas meter:
Monitoring frequency:				

	Pre-entry	During the entry							
Time (hh:mm)	:	:	:	:	:	:	:	:	:
Oxygen (vol%) (> 19.5 - < 23.5 vol%)									
Explosion (%LEL) (< 10% LEL)									
Toxic (ppm) (< 50% TLV-TWA) Toxic 1:									
Toxic 2:									
Toxic 3:									

Name & Company Tester: Signature:

Specific PPE required (clothing, breathing) ? Yes – specify: No - **Work shall not proceed**

Section 2E Congested areas/ Overhead Power lines/ Undermining nearby structures

Measures taken to prevent people from being struck by moving equipment used to support the excavation work.	<input type="checkbox"/> Yes - What?	<input type="checkbox"/> No	Work shall not proceed
	<input type="checkbox"/> N/A - Why?		
Measures taken to prevent inadvertent contact with nearby overhead power lines.	<input type="checkbox"/> Yes - What?	<input type="checkbox"/> No	
	<input type="checkbox"/> N/A - Why?		

Measures taken to prevent the excavation from undermining nearby structures	<input type="checkbox"/> Yes - What?	<input type="checkbox"/> No
	<input type="checkbox"/> N/A - Why?	

Section 2F Protection of Public/ Traffic

Measures taken to prevent pedestrians and all involved in the task from falling into the excavation?	<input type="checkbox"/> Yes - What?	<input type="checkbox"/> No
	<input type="checkbox"/> N/A - Why?	
Measures taken to prevent pedestrians and all involved from being hit by projectiles when using jackhammers, saws, air lances, etc. ("line of fire" protection).	<input type="checkbox"/> Yes - What?	<input type="checkbox"/> No
	<input type="checkbox"/> N/A - Why?	
Measures taken to prevent traffic (trucks, cars, bikes, etc.) driving into the excavation.	<input type="checkbox"/> Yes - What?	<input type="checkbox"/> No
	<input type="checkbox"/> N/A - Why?	

Work shall not proceed

Section 3 Authorization and Acceptance

PTW supervisor/subject matter expert or authorized designee
I give authorization for the described work to proceed as per the conditions of this permit and I am satisfied that all the hazards associated with this permit to work are controlled.

Name & Company: Phone: Signature: Date & Time:

Additional requirements:
 JSA or Safe-Plan-of-Action or Work Instruction mandatory for activity(s) :

.....

.....

Person in charge
I confirm that Person(s) Carrying Out the Work have the appropriate skills, knowledge, information, tools and equipment to perform the work safely. I further confirm that I have explained the permit conditions and control measures with the Person(s) Carrying Out the Work and have ensured these person(s) have received site orientation and general emergency procedures. It is safe to perform the work as defined above.

Name & Company: Phone: Signature: Date & Time:

Person carrying out the work Person in charge is sole person carrying out the work (no extra signature required)
I acknowledge that the permit conditions have been explained to me and by virtue of my signature I commit to adherence of the permit conditions. Each person working on the job must sign.

Persons carrying out the work have signed on the documented risk control procedure (Safe Plan of Action) (check if applicable)

Name & Company: Phone: Signature: Date & Time:

.....

.....

Section 4 Hand Over (Start of Work)

Area owner
I have reviewed the plan(s) to complete the described work and I am satisfied that all isolations are completed and the hazards associated with this work are or will be controlled. I have checked the area(s)/system(s) where the work will be performed and I have not observed issues which should prevent the work from proceeding. I give authorization for the described work to proceed as per the conditions of this permit.

- Are the Utility System owners informed? Yes NA
- Are the Area Owners of possible affected area(s) informed? Yes NA
- I have informed all affected Employees Yes NA

Name & Company: Phone: Signature: Date & Time:

.....

Section 5 Hand Back (End of Work)

Person in charge

All activities associated with this permit to work have been completed, all isolations are removed and the area has been left in a safe, clean and tidy condition.

Name & Company:

Signature:

Date & Time:

.....

Area owner

I have verified, through in place inspection, that the activities associated with this permit have been completed and that the area has been left in a safe, clean and tidy condition.

Name & Company:

Signature:

Date & Time:

.....

Section 6 Extension of Validity

I have verified that General Work Permit no. still applies, also when extension of validity of this excavation permit is given.

Permit extension until
(Date & time)

PTW Supervisor/SME

Name:

Signature:

Area/ System owner

Name:

Signature:

Person in Charge

Name:

Signature:

.....

Nothing in this Permit shall cause the Owner (Viasat Inc.) to assume responsibility for any of the legal obligations of the Contractor performing the work under applicable laws or the requirements of the Agreement governing the work.

THIS WORK PERMIT MUST BE POSTED IN THE WORK AREA. UPON JOB COMPLETION, THIS SIGNED PERMIT MUST BE MAINTAINED FOR 24 MONTHS