



EXCAVATION PERMIT

PERMIT NUMBER

In the event of an emergency, dial 911 from a JPL phone or call the JPL Fire Department at (818) 393-3333.

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|---|------------------|--|
| PROJECT NAME | | DATE |
| PROJECT START DATE | PROJECT END DATE | DURATION |
| PRIME CONTRACTOR | | SUB-CONTRACTOR / EXCAVATION CONTRACTOR |
| CONTRACTOR REPRESENTATIVE | | CONTRACTOR REPRESENTATIVE PHONE NO. |
| JPL FACILITIES REPRESENTATIVE | | JPL FACILITIES REPRESENTATIVE PHONE NO. |
| DESCRIPTION OF WORK AND LOCATION <input type="checkbox"/> Construction Project include applicable drawings. <input type="checkbox"/> Facilities Project include sketch to indicate depth, length, & width. | | |
| CALIFORNIA CODE OF REGULATIONS, TITLE 8, SECTION 341. (PERMIT REQUIREMENTS) CAL-OSHA Excavation Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see below) CAL-OSHA Annual Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Permit No.: _____) CAL-OSHA Project Permit Required: <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, Permit No.: _____) | | |
| Excavation / Trench Depth: _____ <input type="checkbox"/> Less than 5 ft. <input type="checkbox"/> Greater than 5 ft. <input type="checkbox"/> Greater than 20 ft. | | |
| Note: If excavation depth is greater than 5 ft., a soil analysis will be required to determine the appropriate Protective System that will be utilized. A Competent Person shall be on site during trenching and/or excavating activities. | | |
| SOIL ANALYSIS CONTRACTOR | COMPETENT PERSON | SOIL ANALYSIS CONTRACTOR PHONE NO. |
| SOIL ANALYSIS METHOD UTILIZED | | NAME OF PROFESSIONAL ENGINEER (if excavation is greater than 20 ft.) |
| SOIL ANALYSIS RESULTS PROVIDED TO FACILITIES AND OSPO: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| CONTRACTOR REVIEWED UTILITY DRAWINGS: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| UNDERGROUND UTILITIES IDENTIFIED: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide explanation: | | |
| INSTRUMENTS UTILIZED TO IDENTIFY UNDERGROUND UTILITIES: <input type="checkbox"/> Passive or Active Electromagnetic RF Detector <input type="checkbox"/> Ground Penetrating Radar <input type="checkbox"/> Other (provide type): _____ | | |
| UTILITIES CHECKED BELOW WERE IDENTIFIED, AND MARKED ACCORDINGLY AT THE WORK LOCATION <input type="checkbox"/> Electrical <input type="checkbox"/> Water <input type="checkbox"/> Sewer <input type="checkbox"/> Compressed Gas <input type="checkbox"/> Communications <input type="checkbox"/> Stormwater | | |
| IS PROTECTIVE SHORING SYSTEM REQUIRED: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shoring <input type="checkbox"/> Shielding <input type="checkbox"/> Benching <input type="checkbox"/> Sloping <input type="checkbox"/> Not Applicable | | |
| REVIEWED BY | | CONCURRENCES |
| PRINT | SIGN | DATE |
| CONTRACTOR (Required) (Company Name) | | PROTECTIVE SERVICES (as applicable) |
| SUBMITTED BY | | TRANSPORTATION (as applicable) |
| FACILITIES (Required) | | PROFESSIONAL ENGINEER (if excavation is greater than 20ft.) |
| EAPO (Required) | | DATE |
| OSPO (Required) | | COMPETENT PERSON |
| | | DATE |

NOTE: PERMIT SHALL BE KEPT AT THE WORK LOCATION AT ALL TIMES