

PAS 128 PTD TEMPLATE BY P.E.E.L.

A: To be completed by the Permit Raiser		Valid From:		To:	
Print Name:		Specific RAMS Reference:			
Description of Activity:		Is it a Renewal?			Yes / No
		Previous PTD Number if applicable:			
Location of Operation:	Depth of Excavation:	Method of Excavation:			
		Setting Out – pins, etc.			Yes / No
Plant and Equipment to be used:		Mechanical			Yes / No
		Planing / Piling			Yes / No

B: Service locating has been or must be completed to the following PAS 128 level of accuracy:								
Utility Name	Utilities identified within this PTD area	PAS 128 Utility location accuracy achieved				Any domestic connections?	Protection Zones in place?	Comments
	[Yes/No]	A	B	C	D	Yes / No / N/A	1m / 3m / 5m	
HP/ IHP Gas Main								
MP/LP Gas Main								
Electricity - HV								
Electricity - LV								
Street lighting								
Traffic Lights / Signal								
Potable Water								
Sewer / Foul								
Storm Water / Drainage								
Openreach / BT								
Virgin								
Other -								
Other -								
Other -								

Drawing(s) Reference(s) for this PTD:	
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C: Archaeology and Environmental Matters		
1	Has archaeological investigation works been completed and signed off (by the CA)?	Yes / N/A
2	Environmental Risk Considerations:	
	Do the works fall within 10m of any watercourses – e.g. rivers, streams, ditches or drains?	Yes / N/A
	Are there any known protected species of wildlife or ecologically protected sites within 30m?	Yes / N/A
	Are there any areas of vegetation (e.g. trees or hedges) which must be retained within 10m?	Yes / N/A
	Are there any known areas of contamination within 10m of excavation or within?	Yes / N/A
Reviewed By Environmental Lead / Co-Ordinator (If No To Q.1 And/Or Yes To Any Of Q.2)		
The above excavation is approved to be carried out subject to the following conditions:		
Print Name:	Signature:	Date:

D: Permit Completion Declaration by Service Locator / Permit Raiser:		
1	Has the area been scanned for any uncharted services? - PASSIVE SCAN COMPLETED?	Yes / N/A
2	Have a visual survey of the permit to dig area been completed at minimum 50/100m (distance TBC) in all directions outside the permit perimeter?	Yes / N/A
3	Have the utilities been located minimum 10m past the excavation perimeter area?	Yes / N/A
4	Have the domestic connections been considered / scanned for (in perpendicular) direction to the utilities main alignment?	Yes / N/A
5	Are adequate protection zones erected?	Yes / N/A
6	Have you given consideration to a possible underground extent of visible features – e.g. chambers, sign and/or other foundations, thrust blocks, underground car parks, tunnels, large culverts, other...? Are any thrust blocks likely to be found behind bends/turns in pipes?	Yes / N/A
7	Have you given considerations to possibility of additional utilities being buried beneath those already exposed – e.g. several cables placed in two or more layers in the same trench?	Yes / N/A
8	Are any of the stockpiles placed above any of known services?	Yes / N/A
9	Are any of the Overhead services “dive down” from any of the existing poles/towers?	Yes / N/A
10	Are any of the services concrete encased? Will isolation service be required?	Yes / N/A
11	Have any unaccounted underground features / services been identified / detected? Have you provided detailed sketch or GPS Survey or similar? Give details below:	Yes / N/A
12	Have all exposed utilities been surveyed and raw data supplied to the Stats Department?	Yes / N/A
13	Are all located services clearly marked on the ground?	Yes / N/A
14	Comments:	
Permit Raiser's Signature:		

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E: Additional Specific Requirements for this PTD before works can commence:

Is service isolation required?	Yes / N/A	Has written confirmation of isolation been received where applicable	Yes / N/A
Is a plant protection officer required?	Yes / N/A	SU Details:	
Name of the PO:		Contact Details:	
Is UXO Watch required?	Yes / N/A	UXO Level:	
Name of the UXO Watch Officer:		Contact Details:	
3	Has the open trench / excavation / ducting potential to be a restricted access area? Are adequate controls in place? Has the gas test been completed if applicable?		Yes / N/A
4	Are GS6 provisions required during the excavation? Is adequate permit in place?		Yes / N/A
5	Is Traffic Management required? Are adequate TM plans and resources in place?		Yes / N/A
6	Are any uncharted services been found during Locating Stage? Have they been identified?		Yes / N/A
7	Are adequate protection / exclusion zones erected?		Yes / N/A
8	Will heavy plant be crossing over existing utilities? Are those services adequately protected?		Yes / N/A
9	Will any of utilities be exposed in due course of this PTD require additional support / TW?		Yes / N/A
10	Other Requirements / Comments:		
Signature of the Permit Raiser:			

F: Permit Approval Section (must not be completed by Permit Raiser nor Service Locator):

11	Are associated drawings the latest revision, accurate and fit for purpose with PAS128?	Yes / N/A
The above service locating permit is approved to be carried out subject to the following conditions:		
Reviewed by Underground Service Co-ordinator / Stats Co-ordinator / Other Senior Manager		
Print Name:	Signature:	Date:

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G: Permit Briefing by Permit Raiser

Print Name:	Signature:	Date:
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H: Permit To Dig Acceptance Declaration

Is non-essential personnel removed from the work area?	Yes / N/A
Hand dig operations – All power tools / mechanical digging aids have been removed from the area and operatives briefed. Is TBT on safe hand digging techniques completed?	Yes / N/A
Are excavations adequately protected? e.g. adequate shoring, edge protection, depth, access arrangements, safe storage of materials and spoil, heavy plant not too close to the edge of dig?	Yes / N/A
Is excavation area physically matching / not exceeding the permit perimeter area?	Yes / N/A
Are you satisfied with the quality of service locating and the quality of drawings provided?	Yes / N/A

I, the undersigned confirm that ALL required controls as highlighted within the RAMS and this Permit covering the proposed excavation / operation have been applied and that adequate equipment, PPE and training has been provided to ALL staff undertaking the works.

Print Name:	Signature:	Date:
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IF ANY OF THE ABOVE QUESTIONS ARE “NO” WORK MUST STOP AND YOU MUST CONSULT YOUR UNDERGROUND SERVICES AVOIDANCE COORDINATOR.

J: Permit Briefing – other personnel involved in the process

Name	Signature

If during the works services or hazards are present that are not shown on the drawings or covered by the RAMS or this permit, then work **MUST STOP** and the **UNDERGROUND SERVICES AVOIDANCE COORDINATOR** informed immediately; they will then close the active permit. Works shall not continue until the **UNDERGROUND SERVICES AVOIDANCE COORDINATOR** has reviewed the RAMS and issued a revised permit to adequately cover the unforeseen circumstance or hazard. Additionally, any unknown service encountered must be accurately plotted and its location recorded by the Utilities Surveyor.

K: Daily Permit Review (plant operator's review to be completed for all mechanical excavations)

The **PLANT OPERATOR** must sign the relevant box below for any subsequent days for which the Permit applies, this signature is to confirm that the plant operator is satisfied with the information related to underground services presented to him in the briefing. The plant operator is obliged as well as has been given the authority to stop operations if there is anything he is unsure of?

Plant Operators:						Are you satisfied with the quality of service locating and the quality of drawings provided?	Yes / No
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	

The **RESPONSIBLE PERSON** is to sign the relevant box below for any subsequent days for which the Permit applies, this signature is to confirm that the conditions prior to starting work have not changed from the previous day and that the Permit remains valid. The Permit is only allowed to be open for a maximum of one week. If conditions or circumstances change then this Permit must be closed and RAMS must be reviewed; a new permit is to be produced allowing for the change in circumstances.

Responsible Person / Supervisor / Black Hat						Are you satisfied with the quality of service locating and the quality of drawings provided? Are services markings and exclusion zones still unaffected in place? Have you scanned the area with CAT4+?	Yes / No
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	

End of shift / Completion of the works – Have the excavations been left in a safe condition at the end of the day shift or on completion of the works?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
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L: PERMIT CLOSURE - Permit Raiser - confirms this Permit is now closed.

Upon closure of this permit for whatever reason the Permit Raiser is to complete the following questions and pass this completed form to the Underground Services Avoidance Coordinator before receiving any new permit.

Were any unchartered services found or encountered during the excavation?	Yes / No
Were any of the exposed services, not as per the attached drawings?	Yes / No
If new apparatus was installed or unchartered utility found during excavation – have the as-built survey been completed and supplied to Stats Department for Utility Drawings' alteration?	Yes / No

Print Name:	Signature:	Date:
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M: PERMIT CANCELLATION Stats Co-Ordinator - confirms this Permit is now cancelled.

This section is to be used only if a serious breach of the PTD Procedure has been identified on the ground. No further works are to proceed under no circumstances.

Print Name:	Signature:	Date:
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**PAS 128 SPECIFICATION
UTILITIES CLASSES EXPLAINED**

CLASS	EXPLANATION
A	UTILITY POSITION VALIDATED (1M EXCLUSION ZONE *)
B	UTILITY ELECTRONITLY TRACED OR WITH USE OF GPR (1M EXCLUSION ZONE *)
C	UTILITY – FEATURE (NON-TRACABLE) (3M EXCLUSION ZONE *)
D	UTILITY – UNKNOWN POSITION OR ASSUMED POSITION (3M EXCLUSION ZONE *)

IF YOU CAN'T SEE IT - DON'T GO NEAR IT!