OPENSHORE DRILLING

PERMIT TO DRILL

Job No:	Project:			
Exact Location:				
Duration of Work Activity:				
Duration of Permit: Start Date:		End Date:		
Start Time:		End Time:		
Client Name:	Client Supervisor:			
Method:				

Known Services in area:

☐ Electrical Cables ☐ Water Main ☐ Sewer ☐ Stormwater
☐ Optical Fibre ☐ Telephone Cables ☐ Gas ☐ Camera Cables
☐ Other

LOCATION OF SERVICES

Have services been located and clearly marked? ☐ Yes ☐ No	Have DBYD plans been cross checked? ☐ Yes ☐ No	Passive/Active Interference checked? ☐ Yes ☐ No Any DBYD plans missing? ☐ Yes ☐ No If yes, which one/s?
Do Services require visual location? ☐ Yes ☐ No	If so which service and at what location?	

Check at least one physical service that has been electronically located to verify depth: ☐ Yes ☐ No
Which Service? Location?

Pot holing method to be used:	
Mechanical means to what depth:	
Hand dig to what depth:	
Adequate Traffic Control?	
Adequate pedestrian access available?	
Utility Authority attendance required? ☐ Yes ☐ No	If yes, who and when:

Name of Openshore staff in attendance with Utility Authority: Date:	Name of Utility Authority staff member who attended: Date:

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List the clearance you will maintain from the services you are encountering on this bore (please also indicate if this service is seen or unseen)
Electrical Cables:
Water Main:
Sewer:
Stormwater:
Optical Fibre:
Telephone Cables:
Gas:
Camera Cable:
Other:
Unsighted services – 1 metre from the outside of the final bore hole Sighted services – 0.6 metre from the service

Is there a chance that recently laid services maybe struck? (i.e. not on DBYD plans) ☐ Yes ☐ No	List: . . .
Sonde Calibrated? ☐ Yes ☐ No By whom?	Strike system tested? ☐ Yes ☐ No By whom?
Is Stake Down point clear of all services? ☐ Yes ☐ No	REMINDER: There must be a spotter present when tasks are being performed in entry/exit pits

Team Leader Name:	Team Leader signature:
Verified by: (authorised persons only)	Signature of verifier:
BORE LOG REFERENCE FOR THIS BORE:	

Openshore staff/sign on:

Name	Signature	Date	Name	Signature	Date

SUBMIT

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