



## NOTICE OF INTENTION TO COMMENCE EXCAVATION OPERATIONS IN TRENCHES, SHAFTS AND TUNNELS

To: Construction & Utilities Program  
Local Office, WorkSafe Victoria

To be submitted to  
WorkSafe at least 3 days  
prior to commencing excavations

Date:    /    /

This form should be completed and returned to WorkSafe Victoria by the employer or self-employed person carrying out the excavation work.

Notice is given that I intend to commence work as described in this form and I submit the name of the person nominated to supervise this work.

|                                                 |                                                     |
|-------------------------------------------------|-----------------------------------------------------|
| Particulars of employer or self-employed person | Name .....                                          |
|                                                 | Address .....                                       |
|                                                 | Postcode .....      Tel No (W) .....      A/H ..... |

|                                     |                                                     |
|-------------------------------------|-----------------------------------------------------|
| Particulars of nominated supervisor | Name .....                                          |
|                                     | Address .....                                       |
|                                     | Postcode .....      Tel No (W) .....      A/H ..... |

**Experience of supervisor** (certificates, training courses, experience in relation to trenching/excavation)

.....  
 .....  
 .....

**Name of Exact Locality of Excavation**

Street:.....      Suburb/Town:.....      Building Site/Estate:.....

Directory reference:.....

Proposed date of commencement:    /    /

Proposed completion date:    /    /

| Type of Excavation                              | Maximum Depth / Length               |                                       |  |
|-------------------------------------------------|--------------------------------------|---------------------------------------|--|
| Trench <input type="checkbox"/> .....           | Shaft <input type="checkbox"/> ..... | Tunnel <input type="checkbox"/> ..... |  |
| House connection <input type="checkbox"/> ..... | Other <input type="checkbox"/> ..... |                                       |  |

Number of persons to be employed in this work: .....

EXPLOSIVES      Explosives WILL/WILL NOT be used.      Please cross out whichever is NOT applicable.

Shotfirers Name: .....      Shotfirers PERMIT NUMBER:.....

Permit Type:    Black     Red     Authorised to Use:    Electric     Safety Fuse     Cortex     None

Person authorised to sign: .....

Printed name: .....