

Stockton University

NJ One Call – Risk Reduction Excavation Permit System

Know What's Below – Call and Verify Before You Dig

Date Excavation Begins: _____

1. Name of Stockton Contact: _____

2. Project Name and Work Order Number: _____

2. (a) GPS Coordinates: _____

3. Description of Excavation: _____

4. Is Shoring Required Per OSHA 29 CFR 1926.652 Yes / No (please circle) – If yes please enter name

and phone number of the Competent Person in charge: _____

5. Duration of Excavation _____

6. Equipment to be Used;

_____ Back hoe _____ Trench Machine _____ Power Auger _____ Hydrovac _____ Geo Probe

_____ Tracked Excavator _____ Bulldozer _____ Skid Steer Loader _____ Pile Driver

_____ Pick _____ Shovel _____ Posthole Digger _____ Drill Rig _____ Jack Hammer

Other (please describe) _____

7. Date call made to NJ One Call (800 272 1000): _____ (Note: Call must be made at least three full business days (not counting weekends or holidays) prior to beginning work?)

8. NJ One Call Confirmation/Ticket Number: _____

8a. Name of Organization that made the One Call: _____

9. Name of Organization that will do mark outs: _____

10. Do mark outs follow the One Call Center Color Codes? _____ Yes _____ No

11. Did the Stockton Contact review the University's UTILITY KEY PLAN prepared by Marathon to double check for possible underground utilities? _____ Yes _____ No.

If underground utilities exist please describe type and depth: _____

12. Did the Stockton Contact check with Section Heads/Supervisors of the Electric, Plumbing, HVAC, Telecommunications & Network Infrastructure to review the actual excavation location for possible underground utilities? _____ Yes _____ No

13. Does the excavation block any road or walkway? _____ Yes _____ No If yes please notify the Campus Police Department.

14. Have all surrounding conditions been inspected and are such to permit doing the excavation work safely? _____ Yes _____ No

15. Will the excavation crew be advised to hand dig within 2 feet either side of any underground utility _____ Yes _____ No. If no, please explain why _____

Provide sketch or drawing of the excavation area:

Acknowledgements

Stockton Contact (print and sign) _____

Date _____

Excavation Company Representative (print and sign) _____

Date _____

Competent Person (if shoring is required) (print and sign) _____

Date _____