

**ANACORTES REFINERY**
**Trenching and Excavation – Excavation  
Approval Form**

Page 1 of 1

REVISION: 0

**This form should be started during the planning phase of work by the Responsible Person. Attach all associated drawings and documentation to this form and keep it at the excavation site. Upon completion, return this form and marked documentation to Drawing Control.**

**Excavation activity to be performed:**
**Date(s):** \_\_\_\_\_ **Zone:** \_\_\_\_\_ **Area:** \_\_\_\_\_

**Type of excavation to be performed:** \_\_\_\_\_

**Equipment to be used:** \_\_\_\_\_

 Is depth greater than 4'?  YES  NO

 Is worker's head expected to be below grade?  YES  NO

**Yes to either question above indicates that excavation is a confined space and Confined Space Permitting requirements must be followed.**

<b>EXCAVATION ACTIVITY PREPARATION</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Drawings obtained?(indicate) Utility _____; Sewer/Water _____; Electrical _____; Cathodic Prot. _____; Other _____			
Locating survey performed? (indicate) Electromagnetic method _____; Ground Penetrating Radar _____; Potholing _____; Interview with Process Knowledge/Operations personnel _____.			
Underground piping/utility locations marked?			
800- 424-5555 Call/Dig Alert required? If yes, call confirmation # _____			
Proper local Utility organizations notified (i.e., Natural Gas, OPL, Kinder Morgan) List Orgs: _____			
Water accumulation controlled?			
Any traffic concerns have been addressed and detours marked?			
Signs, barricades posted. Proper means of access/egress are established?			
Have previous excavations been done in this Area? If yes, describe:			

Responsible Person shall hold a review with each of the affected Marathon Reps below and obtain their signatures.

**Electrical Rep: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Communications Systems Rep: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Safety Rep: Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location owner (Area Supervisor or Zone Ops. Coord.):**
**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Additional Comments from Reps:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE APPROVAL TO BEGIN WORK:**

**Your signature confirms that the job site has been inspected and this form has been discussed with the recipient**

Responsible Person: \_\_\_\_\_ Date: \_\_\_\_\_

Competent Person: \_\_\_\_\_ Date: \_\_\_\_\_

When the use of equipment extends beyond the authorized work period, the area must be re-inspected before the equipment may reenter. Location or Safety Rep must complete the re-inspection and update the form.

**ATTENTION:** Printed copies should be used with caution.

The user of this document must ensure the current approved version of the document is being used.