



# UTILITY AWARENESS WORK AUTHORIZATION

**AUTHORIZATION IS VALID FOR \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 1 DAY ONLY**

This utility awareness work authorization is required for any work operation taking place within 10 feet of a utility such as electrical (above/below ground), gas (natural/propane/medical gases), communication (fiber optics/data), fire protection (sprinkler/hydrant supply piping), process piping, water supply, storm sewer, mechanical piping, etc. Work will never be performed within **10 feet of an above ground energized electrical line**. This includes, but is not limited to any work that could contact the utility such as excavating, boring, hoisting or any manual labor activity.

Project/Location: \_\_\_\_\_ Public Locates: ☐ Private Locates: ☐  
Public Locate Ticket #: \_\_\_\_\_ Public Locate Refresh Date: \_\_\_\_\_  
Activity Description: \_\_\_\_\_

☐ **Step 1:** Have all drawings and as-builts reviewed prior to digging?  
Plan Sheet # \_\_\_\_\_ Date on Plans \_\_\_\_\_

☐ **Step 2:** Have you checked with other trades; Plumbers, Electricians, Utility Companies?

☐ **Step 3:** All utilities have been exposed at all known crossings.  
**NO hydraulic excavation shall occur within 3' of unexposed utilities prior to potholing**

☐ **Step 4:** Are all existing overhead & underground utilities able to be located?  
☐ YES  
☐ NO **\*If not, has the General Superintendent been notified?**

☐ **Step 5:** All potholed utilities to be left visible or have field identification (i.e. elevation, type of utility, etc.)

☐ **Step 6:** All potholed utilities to be identified on plans/GPS (i.e. elevation, type of utility, date located, etc.)

☐ **Step 7:** Have you communicated this Utility Awareness to the General Contractor?  
☐ YES ☐ NO ☐ N/A

**G.C. Authorization Signature:** \_\_\_\_\_

**Activity Start Date/Time:** \_\_\_\_\_ **Scheduled Completion Date/Time:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_ **Contractor Representative:** \_\_\_\_\_

I have reviewed this Live Utility Awareness Work Authorization and understand that I am required to carry out the above described work in accordance with this document, the Pre-task Plan and any other applicable document. Communicate the hazard to exposed personnel and be aware of new people who must receive awareness training before being authorized to work **within 10 feet of the utility**.

**NOTE: The following excavation restrictions apply in all cases:**

1. Hand digging or vacuum excavation shall be required within 3 feet of service (both vertically & horizontally).
2. In the event that the depth of the utility is unknown, hand digging or vacuum excavation will be required for the entire depth of the excavation.

Known Utility & Location	Elevation/Depth	Method To Mitigate Damage

Utilities Located:

☐ GAS                      ☐ POWER                      ☐ TELECOM                      ☐ WATER                      ☐ IRRIGATION  
☐ SEWER                      ☐ OVERHEAD                      ☐ PRIVATE LOCATES                      ☐ OTHER: \_\_\_\_\_

Authorized Participants: (Attach additional Authorized Participants on separate sheet if necessary)

Print Name:

Signature:

Company:

_____	_____	_____
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