

Service Avoidance Audit Inspection Form

Team Names:		Supervisor:			
Location:		Date:		Time:	

Standard Requirement	Comments	Remedial Actions Rectified	Required Standard Met
1. All 5-point PPE worn as required by company standards	Are all Digging Operatives in arc proof clothing/overalls Y/N		
2. Area (& extended area) assessed for hazards, site specific risk assessment, permits completed and briefed	Y/N		
3. Cable location equipment checked for calibration and service date	CAT calibration date: Genny calibration date:		
4. Equipment is safe and fit for use including tools for carrying out excavation	All hand tools insulated Y/N		
5. Utility plans available and used, are they legible and did you understand the plans	HV Electric Y/N LV Electric Y/N GAS Y/N WATER Y/N SEWAGE Y/N BT Y/N TELECOMMS Y/N Other comments		
6. Visual assessment of the area carried out for indications of services (EG: Scarring) or hazards	Y/N		
7. Genny used appropriately (direct connection and induction modes)	Was Genny connected to nearest lamp post during visit?		
8. Full CAT scan of the area using all modes and marked clearly to the edge and across the area of dig	Crayon Chalk Spray Paint		
9. Download CAT and give relevant feedback	Usage (seconds) POWER RADIO GENNY AVOIDANCE		
10. What tools have been selected to carry out excavation and why?			

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11. What frequency is the periodic monitoring of the excavation?	Rescanning		
12. If a cable encased in concrete or an electric warning tile is found what is the next step?	Y/N/NA		
13. Have all utilities in the excavation been positively identified	Y/N		
14. List all utilities found in the excavation	Y/N		
15. Are safe digging practices being adopted?	Y/N		
16. When was the last Service Avoidance training course attended?	Ticket/Certification shown Date Date Date		

Notes:

Are the team aware of the service avoidance campaign Y/N

Have they seen the launch video Y/N

What other activities/material have they seen?

Feedback from Team

Team Leader

Signature

Date

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Supervisor Signature

Date