

PART II

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APPENDIX A

Travis AFB Work Coordination Forms

Air Force Form 332
Base Civil Engineer Work Request

BASE CIVIL ENGINEER WORK REQUEST <i>(See Reverse for Instructions)</i>				Form Approved OMB No. 0704-0188	
Public reporting burden for this collection of information is estimated to average .3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project 0704-0188, Washington DC 20503. Please DO NOT RETURN your form to either of these addresses. Send your completed form to HQ AFESC/DEMG.					
SECTION I - TO BE COMPLETED BY REQUESTER					
1. FROM (Organization)		2. OFFICE SYMBOL	3. DATE OF REQUEST		4. WORK REQUEST NO. (For BCE Use)
5. NAME AND PHONE NO. OF REQUESTER			6. REQUIRED COMPLETION DATE		7. BUILDING, FACILITY OR STREET ADDRESS WHERE WORK IS TO BE ACCOMPLISHED
8. DESCRIPTION OF WORK TO BE ACCOMPLISHED <i>(Include Sketch or Plan, when appropriate)</i>					
9. BRIEF JUSTIFICATION FOR WORK TO BE ACCOMPLISHED <i>(Not required for maintenance and repair)</i>					
10. DONATED RESOURCES					
FUNDS		LABOR		MATERIAL	
				CONTRACT BY REQUESTER	
				NONE	
11. NAME OF REQUESTER			12. GRADE OF REQUESTER		13. SIGNATURE OF REQUESTER <i>(See Reverse of Form)</i>
14. COORDINATION					
SECTION II - FOR BASE CIVIL ENGINEER USE					
15. WORK ORDER <i>(Place an "X" in the appropriate box.)</i>					
IN-SERVICE		SELF-HELP		CONTRACT	
				SABER	
16. DIRECT SCHEDULED WORK <i>(Place an "X" in the appropriate box.)</i>					
EMERGENCY		URGENT		ROUTINE	
				SELF-HELP	
				M/C	
17. SELF-HELP <i>(Place an "X" in the appropriate box.)</i>					
BRIEFING REQUIRED			ADEQUATE COORDINATION		INSPECTION REQUIRED
SECTION III - COMPLETE ONLY IF WORK IS TO BE ACCOMPLISHED BY WORK ORDER					
18. WORK CLASS		19. PRIORITY		20. ESTIMATED HOURS	
				21. ESTIMATED FUNDED COST	
				22. ESTIMATED TOTAL COST	
23. THERE IS NO NEED FOR AN ENVIRONMENTAL ASSESSMENT (AFR 19-2)			24. A WRITTEN ASSESSMENT IS BEING/HAS BEEN PROCESSED		25. APPROVED
					26. DISAPPROVED
27. REMARKS					
SECTION IV - APPROVING AUTHORITY					
28. NAME AND GRADE <i>(Please Type or Print)</i>				29. SIGNATURE	
				30. DATE	

60 Air Mobility Wing Form 55
Excavation Permit

EXCAVATION PERMIT						1. TRACKING No. _____				
PART I										
2. Excavation clearance at the following _____										
Description of work to be done: _____										
on Work Order/Job _____, Contract _____										
The excavation area involved was properly staked and/or clearly marked in white _____ (DATE) to indicate where the proposed - on _____										
TYPE OF FACILITY/WORK INVOLVED										
A. Pavements	B. Drainage Systems	C. Fire Detection and Protective Systems	D. Utility <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	E. Communications <input type="checkbox"/> Overhead <input type="checkbox"/> Underground	F. Aircraft or Vehicular Traffic Flow			G. Security	H. Medical	I. OTHER (Specify) _____
INSTRUCTIONS: This excavation permit is required for any interior or exterior excavation deeper than six inches. This form is used to coordinate the required work with key base activities so all base utilities in the area of excavation may be marked, and to identify potentially hazardous work conditions. It is also used to notify the proper agencies of possible road closures so as to keep customer inconvenience to a minimum. This excavation permit will be processed after the excavation area has been properly staked or marked in white (IAW Underground Service Alert (USA) guidelines). This Excavation Permit is valid only if it is signed by the Approving Officer. If excavation delays are encountered and/or conditions at the excavation site change (due to weather, heavy traffic, or construction) which cause the utility markings to no longer be visible then this excavation permit will no longer be considered valid.										
4. Organization/Company Name _____						5. Phone Number _____		6. Date _____		
7. Name of Requester _____						8. Signature _____				
9. Date Submitted _____	10. Date Clearance Required _____	11. Date Clearance Terminated _____	12. Depth _____	13. Areas to be Excavated <input type="checkbox"/> Main Base <input type="checkbox"/> MFH <input type="checkbox"/> Airfield <input type="checkbox"/> DGMC <input type="checkbox"/> Other (Please specify) _____						
PART II										
EXCAVATION CLEARANCE REVIEW										
ORGANIZATION		NO UTILITY IN AREA	UTILITY NEEDS TO BE MARKED	DATE UTILITY MARKED	PRINTED NAME	INITIALS	RENEWAL STOP REQUIRED			
							YES	NO		
14. Base Civil Engineering	A. Water/Gas/Sewer Distribution									
	B. Electrical Distribution									
	C. Heat Distribution (Zone 3)									
	D. Drainage Systems									
	E. POL Distribution									
	F. Controls/Alarms									
	G. Engineering Technician									
	H. Fire Department (Only when traffic is affected)									
15. Environmental Management										
16. 60 CS Leased Comm/QS/GTE (Fiber/Metro Cable)										
17. Base Operations										
18. PAC Bell (Notified by USA)										
19. TC/Cable TV										
20. Safety										
21. 60 Security Forces (Only when traffic is effected)										
22. 60 Medical Group Ambulance Service (Only when traffic is effected)										
23. Other (Specify) _____										

PART III**UNDERGROUND SERVICE ALERT (USA) NOTIFICATION****UNDERGROUND SERVICE ALERT (USA) HAS BEEN NOTIFIED BY THE DIGGER. (1-800-227-2600)**

*Note to digger: USA must be notified every fourteen (14) indat days as long as excavation continues.)

24. Date USA Called

25. USA Expiration Date

26. USA#

27. ~

USA EXTENSIONS

New Extension Date	New USA Number	New Extension Date	New USA Number	New Extension Date	New USA Number

PART IV**28. REMARKS** (This selection must describe specific precautionary measures to be taken before and during work accomplishment. Specific comments concerning the approved method of excavation, hand or powered equipment to be included.)**Approval Recommendation: Maintance Engineering**

29. Date

30. Typed or Printed Name and Grade of Recommending Official

31. Signature

Approval Authorization☐

Approved

☐

Disapproved

Date Approved

33. Date Expires (90 days from approval)

34. Signature of Approving Officer (Chief/Deputy Chief of 60 CES Operations)