ENERGIZED ELECTRICAL WORK PERMIT

PART I: TO BE COMPLETED BY THE REQUESTER

Job/Work Order # ____________

1. Description of circuit/equipment/job location ____________________________________________
___________________________________________________________________________________

2. Description of work to be done ______________________________________________________
___________________________________________________________________________________

3. Justification of why the circuit/equipment cannot be de-energized or the work deferred until the next scheduled outage:
___________________________________________________________________________________
___________________________________________________________________________________

Requester/Title ________________________ Date ________________________

PART II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING THE WORK

Check when Complete

1. Detailed job description procedure to be used in performing the above detailed work: _________
___________________________________________________________________________________

2. Description of the Safe Work Practices to be employed _____________________________________
___________________________________________________________________________________

3. Results of the Shock Hazard Analysis: ________________________________________________
___________________________________________________________________________________

4. Determination of Shock Protection Boundaries: _________________________________________
___________________________________________________________________________________

5. Results of Flash Hazard Analysis: ____________________________________________________
___________________________________________________________________________________

6. Determination of Flash Protection Boundary: ____________________________________________
___________________________________________________________________________________

7. Necessary personal protective equipment to safely perform the assigned task: ______________
___________________________________________________________________________________

8. Means employed to restrict the access of unqualified persons from the work area: __________
___________________________________________________________________________________

9. Evidence of completion of a Job Briefing including discussion of any job related hazards_______
___________________________________________________________________________________

10. Do you agree the above described work can be done safely? ___Y ___N (If NO, return to requestor)
___________________________________________________________________________________
___________________________________________________________________________________

Electrically Qualified Person(s) ________________________ Date ________________________

Electrically Qualified Person(s) ________________________ Date ________________________

PART III: APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED:

__________________________________  ________________________________________
Safety Manager Maintenance/Engineering Manager

__________________________________
Electrical Knowledgeable Person