ENERGIZED ELECTRICAL WORK PERMIT

PART I: TO BE COMPLETED BY THE REQUESTER:

Job/Work Order Number: _____________________

(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 the Arc Flash Hazard Analysis: ____________________________________

(6) Determination of the Arc 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? Yes ☐ No (If no, return to requester) ☐

Electrically Qualified Person(s): ___________________________ Date: __________

Electrically Qualified Person(s): ___________________________ Date: __________

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

Manufacturing Manager: ___________________________ Maintenance/Engineering Manager: ___________________________

Safety Manager: ___________________________ Electrically Knowledgeable Person: ___________________________

General Manager: ___________________________ Date: __________

Note: Once the work is complete, forward this form to the site Safety Department for review and retention.