

**Energized Electrical Work**  
 EHS Procedure EHS-SAF-40.5, Rev. 0  
 Effective Date: 09/01/2015

**ENERGIZED ELECTRICAL WORK PERMIT**

**1. TO BE COMPLETED BY THE REQUESTER**

(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: \_\_\_\_\_

**2. TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONNEL DOING THE WORK**

(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 Risk Assessment:  
 (a) Voltage to which personnel will be exposed = \_\_\_\_\_ volts  
 (b) Limited approach boundary = \_\_\_\_\_ feet  
 (c) Restricted approach boundary = \_\_\_\_\_ feet  
 (d) Necessary shock, PPE, and other protective equipment to safely perform assigned task:  
 \_\_\_\_\_  
 \_\_\_\_\_

(4) Results of the arc flash assessment:  
 (a) Available incident energy at the working distance or arc flash PPE category = \_\_\_\_\_  
 (b) Arc flash boundary = \_\_\_\_\_ feet  
 (c) Necessary arc flash PPE and other protective equipment to safely perform the assigned task:  
 \_\_\_\_\_  
 \_\_\_\_\_

(5) Means employed to restrict access of unqualified persons from the work area:

<p>(6) Job briefing:</p> <p>(a) Have hazards been identified? <input type="checkbox"/></p> <p>(b) Have the voltage levels been identified? <input type="checkbox"/></p> <p>(c) Has any foreign voltage been identified? <input type="checkbox"/></p> <p>(d) Have unusual work conditions been reviewed? <input type="checkbox"/></p> <p>(e) Have flash protection boundaries been identified &amp; implemented? <input type="checkbox"/></p>	<p>(f) Is an attendant available? <input type="checkbox"/></p> <p>(g) Has proper PPE been inspected &amp; donned by all persons performing work? <input type="checkbox"/></p> <p>(h) Is the location of the nearest fire extinguisher known? <input type="checkbox"/></p> <p>(i) Is the location of the telephone known? <input type="checkbox"/></p> <p>(j) Has the equipment shut off/disconnect been located? <input type="checkbox"/></p>
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(7) Do you agree that the above described work can be done safely?  Yes  No

**3. APPROVALS/SIGNATURES TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED**

FME Director: \_\_\_\_\_ EHS  
 Director \_\_\_\_\_  
 Electrically Qualified Personnel: \_\_\_\_\_ Date: \_\_\_\_\_