

# Periodic Reviews and Training for Electrical Safety Program

EHS Procedure EHS-SAF-40.7, Rev. 0

Effective Date: 09/01/2015

## ELECTRICAL FIELD AUDIT CHECKLIST

1. GENERAL INFORMATION	
Qualified Personnel Inspected:	Location:
Date of Inspection:	Equipment:
Time of Inspection:	Voltage:
Inspector:	PPE Category
Reason system could not be de-energized:	

  

2. AUDIT	
Qualified Person Training Received?	<input type="checkbox"/> Y <input type="checkbox"/> N
Were unqualified persons in area notified of energized work being performed?	<input type="checkbox"/> Y <input type="checkbox"/> N
Were approach and flash protection boundaries set-up by qualified person?	<input type="checkbox"/> Y <input type="checkbox"/> N
Did qualified person don proper PPE?	<input type="checkbox"/> Y <input type="checkbox"/> N
Are written energized work procedures available?	<input type="checkbox"/> Y <input type="checkbox"/> N
Was energized work permit utilized? If not, state reason below:	<input type="checkbox"/> Y <input type="checkbox"/> N
Reason energized work permit was not used:	
Re-training required?	<input type="checkbox"/> Y <input type="checkbox"/> N
Reason re-training is required: <input type="checkbox"/> N/A	

  

3. ADDITIONAL DEFICIENCIES
List additional deficiencies/areas needing attention:

  

4. CORRECTIVE ACTIONS
List corrective actions taken:
Date corrective actions completed:

  

5. SIGNATURES		
Inspector: .....	Qualified Personnel: .....	Date:     /     /