

## 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	(d) Necessary shock, PPE, and other protective equipment to safely perform assigned task: _____
(b) Limited approach boundary = _____ feet	_____
(c) Restricted approach boundary = _____ feet	_____

(4) Results of the arc flash assessment:

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

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

(6) Job briefing:	(f) Is an attendant available? <input type="checkbox"/>
(a) Have hazards been identified? <input type="checkbox"/>	(g) Has proper PPE been inspected & donned by all persons performing work? <input type="checkbox"/>
(b) Have the voltage levels been identified? <input type="checkbox"/>	(h) Is the location of the nearest fire extinguisher known? <input type="checkbox"/>
(c) Has any foreign voltage been identified? <input type="checkbox"/>	(i) Is the location of the telephone known? <input type="checkbox"/>
(d) Have unusual work conditions been reviewed? <input type="checkbox"/>	(j) Has the equipment shut off/disconnect been located? <input type="checkbox"/>
(e) Have flash protection boundaries been identified & implemented? <input type="checkbox"/>	

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