

## ENERGIZED ELECTRICAL WORK PERMIT – LEIDOS BIOMED SUBCONTRACTORS

### 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: \_\_\_\_\_

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

(1) A detailed job plan (i.e., AHA) has been developed for performing the above detailed work.  Y  N

(2) The job plan describes the safe work practices to be employed.  Y  N

(3) The job plan is attached to this Permit.  Y  N

(4) A shock and arc flash risk assessment (i.e., ERA) have been developed for performing the above detailed work.  Y  N

(5) The shock and arc flash risk assessment conclude that an Energized Work Permit must be obtained because a) breakers on equipment are not properly maintained, b) equipment has incident energy >40 cal/cm<sup>2</sup>, or c) equipment is >480V.  Y  N  
(IF YES, PERMIT REVIEW SHALL BE AT THE LEIDOS BIOMED FME AND EHS MANAGEMENT LEVEL OR HIGHER)

(6) The shock and arc flash risk assessment conclude that an Energized Electrical Work Permit must be obtained because work involves more than just voltage verification, troubleshooting, or thermal imaging.  Y  N  
(IF YES, PERMIT REVIEW SHALL BE AT THE LEIDOS BIOMED FME AND EHS DIRECTOR LEVEL)

**(7) Additional Job Planning:**

(a) Have all hazards been identified?  Y  N

(b) Have voltage levels been identified?  Y  N

(c) Have any foreign voltages been identified?  Y  N

(d) Will any unusual work conditions exist?  Y  N

(e) Will an attendant be used?  Y  N

(f) Will a job briefing be held before performing work?  Y  N

(g) Will PPE be inspected and donned by all persons performing work?  Y  N

(h) Will the location of the nearest fire extinguisher be identified before performing work?  Y  N

(i) Will a telephone be available?  Y  N

(j) Has the equipment disconnect been located?  Y  N

(8) Do you agree that the above described work can be done safely?  Yes  No

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

Electrically Qualified Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

FME: \_\_\_\_\_ Date: \_\_\_\_\_

EHS: \_\_\_\_\_ Date: \_\_\_\_\_

**This Permit must be completed by a Qualified Person per NFPA 70E.**  
**Workers must review the details of the Permit prior to starting work.**

**The Permit must be available at the job site during work activities**  
**and be accompanied by a job plan and electrical risk assessment.**