Energized Electrical Work Permit

Job /Work Order Number:_______________________________ Date: ________________________

PART I: 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

PART II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING THE WORK:

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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 Flash Hazard Analysis:

6) Determination of the Flash Protection Boundaries:

7) Necessary personal protective equipment to perform the task:

8) Means employed to restrict 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                  Date

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

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<th>Maintenance / Engineering Manager            Date</th>
<th>Safety / General Manager            Date</th>
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<tr>
<th>Electrically Knowledgeable Person            Date</th>
<th>Supervisor            Date</th>
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### Energized Work Checklist

**To be reviewed by Foreman prior to start of work. Only valid for named wiremen and day issued.**

Date: _____/_____/______  Start time: ______:______am/pm

Project: ______________________________________________________________________________

Building Location: ______________________________________________________________________

Panel Location: ________________________________________________________________________

Description of Work to be Performed: ______________________________________________________

Specific Reason Equipment Circuit Cannot be De-energized: ____________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

Maximum Voltage Present: ______________________________________________________________

Number of Voltage Sources Present: ______________________________________________________

**Personal Protective Equipment (PPE) worn/used:**

- [ ] Hard Hat
- [ ] Safety Glasses
- [ ] Face Shield/ Hood
- [ ] Flash Resistant Jacket
- [ ] Flash Resistant Bibs
- [ ] Insulated Gloves
- [ ] Insulated Mats
- [ ] Insulated Blankets
- [ ] Insulated Sleeves
- [ ] Hearing protection

Additional PPE Required: __________________________________________________________________

_____________________________________________________________________________________

Work Authorized by: __________________________  Title: ____________________________

Wireman Signature: ________________________________________________________________

Required Signature Second Wireman Assisting: _______________________________________

***On all energized circuits or equipment carrying four hundred forty (440) volts or over, as a safety measure, two (2) or more journeymen must work together.***

Owner / Customer Representative: _____________________________________________________

Time Work Completed: _____.:______:______.am/pm