

Electrical Safety Program

Appendix J-Medium Voltage (>1000 Volts) Electrical Work Permit

1. Voltage Level Involved:
2. Main circuit voltage (phase to phase)
3. Control voltage (max)
4. Personal Protection (per OSHA, NEC & NFPA 70E)
 - 4.1 Approved type test equipment to be used:

	Yes/No
(a) Voltage sensing (non-contact)	<input type="text"/>
(b) Thermography	<input type="text"/>
(c) Hot Sticks	<input type="text"/>
(d) Other	<input type="text"/>
 - 4.2 Type of hand shock protection (insulated gloves):
 - 4.3 Arc Flash PPE:

	Indicate Rating of PPE(cal/cm ²)
(a) Total Body Protection	<input type="text"/>
(b) Hand (Leather Protectors)	<input type="text"/>
(c) Head Protection (face, neck and chin)	<input type="text"/>
(d) Foot and Leg Protection	<input type="text"/>
(e) Ear Protection	Yes _____ No _____
(g) Other	<input type="text"/>
 - 4.4 Other protective equipment and considerations (Please describe):
 - (a) Guarded/Insulated Tools _____
 - (b) Insulate Worker From Ground _____
 - (c) Hard-Hat/ Safety Glasses _____
 - (d) Safety Grounds _____
 - (e) Discharge Grounds _____
 - (f) Fall Protection _____
 - (g) Non-Conductive Ladders _____
 - (h) Other _____
 - 4.5 Securing work area

	Check if discussed prior to work:
(a) Barricades	<input type="text"/>
(b) Signs	<input type="text"/>
(c) Worker(s)	<input type="text"/>
(d) Other	<input type="text"/>
5. Description of the equipment:
 - (a) Location
 - (b) Manufacturer
 - (c) Model
 - (d) Voltage Class
 - (e) Year of Manufacture
 - (f) Serial Number
 - (g) Indoor or Outdoor
 - (h) Condition
6. Verification of Information: References Used to Prepare the Plan:
 - (a) Manufacturer Manuals
 - (d) Other documentation

(e) Are there any back feeds? Yes _____ No _____

(f) Are there any external power sources? Yes _____ No _____

7. Emergency Response Information

(a) Nearest Telephone Location [_____]

(b) Emergency Response Telephone Number [_____]

(c) Fire Extinguisher Location [_____]

(d) Is Buddy System in Place? Yes _____ No _____

8. Review and Authorization (Management):

Name/Title _____

Signature _____

9. Job Plan Review with Worker(s) Performing Work:

Worker #1 Name/Title _____

Worker #1 Signature _____

Worker #2 Name/Title _____

Worker #2 Signature _____

Worker #3 Name/Title _____

Worker #3 Signature _____

Supervisor Name/Title _____

Supervisor Signature _____