Electrical Safety Program
Appendix E-Energized Electrical Work Permit

Job/Work Order Number_______________________

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:
______________________________________________________________________________
______________________________________________________________________________

Part II: To be completed by the qualified electrical worker doing the work:

4. Detailed job description procedure to be used in performing the work:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

5. Description of the safe work practices to be employed:
______________________________________________________________________________
______________________________________________________________________________

6. Results of shock hazard analysis per the Warning label or NFPA 70E Table 130.4(D)(a):
   Limited Approach Boundary [_______]
   Restricted Approach Boundary [_______]
   Necessary shock personal and other protective equipment to safely perform assigned tasks:
   __________________________________________________________________________

7. Results of the arc flash hazard analysis per the Warning label or NFPA 70E Table 130.7(C)(15)(a):
   Available incident energy or hazard/risk category [_______]
   Arc flash boundary [_______]
   Necessary arc flash personal and other protective equipment to safely perform the assigned task:
   __________________________________________________________________________

8. Means employed to restrict the access of unqualified worker from the work area:
   __________________________________________________________________________
9. Do you agree the above-described work can be done safely? [ ] Yes [ ] No (if no, return to requester)

Part III: Approval(s) to perform the work while Electronically Energized:

__________________________________________
Requester/Title

__________________________________________
Department Head/Designee

__________________________________________
Maintenance Supervisor

__________________________________________
Qualified Employee

__________________________________________
Date