Electrical Safety Program
Appendix G-Ballast Work Permit

Job/Work Order Number______________________________

Part I: To be completed by the Requester:

1. Description of ballast replacement/work job locations:
   __________________________________________________________________________
   __________________________________________________________________________

2. 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:

1. Detailed job description procedure to be used in performing the work:
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

2. Description of the safe work practices to be employed:
   __________________________________________________________________________
   __________________________________________________________________________

3. Results of shock hazard analysis per 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:
   __________________________________________________________________________

4. Results of the arc flash hazard analysis per 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:
   __________________________________________________________________________

5. Means employed to restrict the access of unqualified worker from the work area(s):
   __________________________________________________________________________
   __________________________________________________________________________

6. 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 Ballast Work while energized:

______________________________________                        ______________________________________
Requester/Title                                                                                        Department Head/Designee    Maintenance Supervisor

______________________________________
Qualified Employee

_______________________  Ballast Work Permit Expires in _______ [  ] Day(s) [  ] Week(s)
Date of Permit Approval