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) [____________________________]
      (b) Thermography [____________________________]
      (c) Hot Sticks [____________________________]
      (d) Other [____________________________]
   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 [____________________________]
      (b) Hand (Leather Protectors) [____________________________]
      (c) Head Protection (face, neck and chin) [____________________________]
      (d) Foot and Leg Protection [____________________________]
      (e) Ear Protection Yes _____ No _____
      (g) Other [____________________________]
   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 ______________________________________________________
      (f) Fall Protection ______________________________________________________
      (g) Non-Conductive Ladders _____________________________________________
      (h) Other _____________________________________________________________
   4.5 Securing work area Check if discussed prior to work:
      (a) Barricades [____________________________]
      (b) Signs [____________________________]
      (c) Worker(s) [____________________________]
      (d) Other [____________________________]
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 [_________________________________________________]

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(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________________________________________________________