# ENERGIZED ELECTRICAL WORK PERMIT

| PART I: TO BE COMPLETED BY THE REQUESTOR | |
|---|---|
| **Job / Work Order Number:** | **Planned Work Date:** |
| **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:** | |
| **Requestor Name (Print):** | **Date of Request:** |

| PART II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSON | CHECK WHEN COMPLETED |
|---|---|
| **1. Detailed Description of the Job Procedures to be Used in Performing the Above Detailed Work:** | ☐ |
| **2. Description of the Safe Work Practices to be Employed:** | ☐ |
| **3. Results of the Shock Risk Assessment:** | |
| **3(a). Voltage to Which Personnel will be Exposed:** | ☐ |
| **3(b). Limited Approach Boundary:** | ☐ |
| **3(c). Restricted Approach Boundary:** | ☐ |
| **3(d). Necessary Shock, Personal and Other Protective Equipment to Safely Perform Assigned Task:** | ☐ |
| **4. Results of the Arc Flash Risk Assessment:** | |
| **4(a). Available Incident Energy at the Working Distance or Arc Flash PPE Category:** | ☐ |
| **4(b). Necessary Arc Flash Personal and Other Protective Equipment to Safely Perform the Assigned Task:** | ☐ |
| **4(c). Arc Flash Boundary:** | ☐ |
| **5. Means Employed to Restrict the Access of Unqualified Persons from the Work Area:** | ☐ |
| **6. Evidence of Completion of a Job Safety Briefing, Including Discussion of Any Job-Related Hazards:** | ☐ |

**7. Do You Agree the Above Work can be Done Safely:**  ☐Yes  ☐No  (If No, Return to Requestor)

**Electrically Qualified Person(s):**

**Name (Print):** _____  **Sign:** _____  **Date:**_____

**Name (Print):** _____  **Sign:** _____  **Date:**_____

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

**Site Supervisor:**

**Name (Print):** _____  **Sign:** _____  **Date:**_____

**Director:**

**Name (Print):** _____  **Sign:** _____  **Date:**_____

**Safety Coordinator:**

**Name (Print):** _____  **Sign:** _____  **Date:**_____

**NOTE: ONCE THE WORK IS COMPLETE, FORWARD THIS COMPLETED FORM TO THE RISK MANAGEMENT / SAFETY COORDINATOR OFFICE**