Energized Electrical Work Permit

PART I: TO BE FILLED OUT BY REQUESTOR

(1) Description of circuit/equipment, job location and nominal voltage: ________________________________________

(2) Description of work to be done: ________________________________________________________________

(3) Justification for why the circuit/equipment can not be de-energized: (CHECK ALL THAT APPLY)
   □ Will deactivate emergency warning devices such as caution lights or audible alarms
   □ Will deactivate electrically interlocked guards or presence sensing devices
   □ Will deactivate hazardous atmosphere ventilation or detection devices
   □ Circuit is integral part of a continuous process that will deactivate other equipment
   □ De-energization poses (OTHER) additional or increased hazards (Briefly Explain): ________________

PART II: COMPLETED BY QUALIFIED ELECTRICIAN/s PERFORMING WORK

(1) Safe work practices utilized to protect nearby workers and yourself: __________________________________

(2) Results of the Shock Hazard Analysis:
   □ Voltage: __________________________
   □ Approach Boundaries: (Limited) (Restricted) (Prohibited) ____________________________
   □ Required PPE: __________________________
   □ Required Voltage Rated Tools: __________________________

(4) Results of Flash Hazard Analysis:
   □ Hazard/Risk Category: ______________
   □ Flash Protection Boundary: ______________
   □ Required PPE: __________________________

(5) Job Briefing discussion summary and attendees: ____________________________________________

(6) Do you agree the described work can be done safely? □ YES □ NO (If NO, explain and return to requestor):

__________________________________________

Electrically Qualified Person/s __________________________ Date

Electrically Qualified Person/s __________________________ Date

PART III: MANAGEMENT APPROVAL

__________________________________________

Plant Manager, Plant Supt., or Authorized Approver __________________________ Date

__________________________________________

Maintenance Superintendent or Department Supervisor __________________________ Date

__________________________________________

Safety Coordinator (If applicable) __________________________ Date

Note: When work is complete, return permit to safety coordinator or designated person for review and retention.