

ENERGIZED ELECTRICAL WORK PERMIT



Appendix "E" Energized Electrical Work Permit

Part I: TO BE COMPLETED BY THE PERSON REQUESTING THE WORK BE COMPLETED IN AN ENERGIZED STATE:

OSHA 29 CFR 1919.333 (a) (1) requires that all electrical installation over 50 volts be placed in an electrically safe condition prior to working on, or near, any exposed electrical parts.

I understand that I am placing the person working on the electrical circuit in a potentially life threatening situation.

(1) Description of equipment and 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: (attach additional documentation if necessary)

Requester/Title (Print Name)

Date

Requester Signature

Part II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS DOING THE WORK:

Work order number: _____

(1) Criteria for energized work: (check one)

- A. Creates a greater hazard _____
- B. Life Safety _____
- C. Continuous Industrial Process _____

(2) Verification of the electrical circuit to be worked on:

Panel Name: _____

Circuit Number: _____

OCPD Info Maintained per manufactures specs: Yes/No (If **no** return to requestor)

Breaker

Fuse

Rating _____

Clearing Time _____

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(3) Description of the Safe Work Practices to be employed:

(4) Shock Hazard Analysis: Voltage Level Phase to Phase _____

Approach Boundaries: Limited _____ Restricted _____

(5) Results of Flash Hazard Analysis:

Flash Protection Boundary: _____ (Assumed or Calculated)

Hazard/Risk Category _____ OR Calculated Flash Hazard at 18" _____

(6) Necessary personal protective equipment to safely perform the assigned task including the method used to determine the appropriate personal protective equipment: _____

(7) Means employed to restrict the access of unqualified persons from the work area:

(8) Evidence of completion of a Job Briefing including discussion of any job-related hazards:

(9) Do you agree the above described work can be done safely? YES / NO (circle: If no return to requester)

Electrically Qualified Person(s)

Date

Electrically Qualified Person(s)

Date

Part III: AUTHORIZED SIGNATURE OF APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED:

(1) Do you agree the above described work can be done safely? YES/NO (circle: If no return to requester)

NAME

TITLE

Date

Part IV: DOCUMENTATION OF ELECTRICALLY ENERGIZED WORK:

I understand that the above Energized Work was completed on _____

Date

Administrative Supervisor

NOTE: Once work is complete, forward a copy of this form to EH&S.