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 _________________________
Energized Electrical Work Permit

(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)

________________________________  ________________________________
NAME       TITLE
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.