

Energized Electrical Work Permit

(For work under 750 volts)

To be completed by the electrically qualified persons doing the work		
Building:	Room/Area/Location:	Work Order # <i>(if applicable)</i>
Description of work to be done:		
Description of Circuit/Equipment:		
Justification for why equipment cannot be de-energized:		
Results of Shock Hazard Analysis & Arc Flash PPE Category NFPA 70E-2018 Table 130.7(C)(15)(a) & 130.7(C)(15)(b) and 130.4(D)(a)		Results of Arc Flash Hazard Analysis (From Label on electrical panel)
Maximum Voltage: _____ Arc Flash Boundary _____ (in.) Limited Approach Boundary: _____ (in.) Restricted Approach Boundary: _____ (in.) Arc Flash PPE Category: _____		Flash Hazard at 18 inches (cal/m2) _____ Flash Protection Boundary: _____ (in.) Limited Approach Boundary: _____ (in.) Restricted Approach Boundary: _____ (in.)
PPE: Rated Gloves: Safety Glasses: Rated Face Shield: Hard Hat: Hearing Protection: Footwear: Leather: EH Rated: Dielectric: Non Conductive Mat: Arc Rated Uniform/Coveralls:		
Safety Checklist & Job Briefing (Verify that proper controls are in place):		
<input type="checkbox"/> Workers must be trained, qualified, and have full knowledge of equipment. <input type="checkbox"/> Insulated tools and equipment required. <input type="checkbox"/> Remove all jewelry and metal apparel <input type="checkbox"/> Access restricted to unqualified persons from the work area. (Highest Approach Boundary + 3 feet) <input type="checkbox"/> Documented job briefing including discussion of job-specific hazards with electrically qualified person <input type="checkbox"/> Additional information, special requirements, procedures, or written work plans reviewed		
Electrically Qualified Persons performing the work understand and agree to the above:		
Printed or typed name(s):	Signature(s)	Date(s)
APPROVALS TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED (any 2 signatures required)		
Printed or typed name(s):	Signature(s)	Date(s)

Notes:

*Note: When you click "Distribute by email," you must manually add any additional emails you wish to receive the form in addition to EHS.

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