

Energized Electrical Work Permit

1. Location/Space <i>(To be completed by permit requestor)</i>			
Building:		Location:	
Date:		Issue Time:	Expiration Date/Time:
2. Work to be Performed <i>(To be completed by permit requestor)</i>			
Description of the project and location (e.g. install circuit breaker in...):			
Justification why the circuit/equipment cannot be de-energized:			
3. Safety Precautions <i>(Completed by the qualified person doing the work)</i>			
Enter the details for each step			
Shock Risk Assessment	Voltage personnel will be exposed to:		
	Limited Approach Boundary (70E Table 130.4(D(a)))		
	Restricted Approach Boundary (70E Table 130.4(D(a)))		
Arc Flash Risk Assessment	Arc Flash PPE Category (From equipment label or 70E Table 130.7(C)15(a) or (b)).		
	Arc Flash Boundary (From equipment label or 70E Table 130.7(C)15(a) or (b).)		
Safe Work Practices to be used			
Other Hazards Present (e.g. working at height)			
Additional Permits (check as appropriate)			
<input type="checkbox"/> Hot Work <input type="checkbox"/> Permit-required Confined Space <input type="checkbox"/> Other (describe)___			
Required PPE			
<input type="checkbox"/> Hearing protection <input type="checkbox"/> F/R clothing <input type="checkbox"/> Safety glasses with side shields <input type="checkbox"/> Hard hat <input type="checkbox"/> Voltage-rated gloves <input type="checkbox"/> Arc-rated face shield <input type="checkbox"/> Other (as required by NFPA 70E) <input type="checkbox"/> Class E <input type="checkbox"/> Class G Class _____			
How are unqualified persons restricted from the work area?			
4. Approvals <i>Senior Director of Utilities & Maintenance or designee</i>			
Print Name	Signature	Date	Approval
			<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
5. Pre-Job Coordination			
Has a job briefing/discussion been conducted & documented to discuss hazards?			(check when complete)
Is emergency communications equipment on site? <input type="checkbox"/> Radio <input type="checkbox"/> Phone <input type="checkbox"/> Other			(check when complete)
Do you agree the above described work can be done safely? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, do not perform the work)			
Name of person(s) doing the work: _____		Signature _____	
		Signature _____	
6. Notification			
Personnel who may be in or near the area, and may be impacted, have been informed.			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Name(s)		
7. Work Completion			
Electrical Work Complete:		Date:	Time: