Appendix A: Energized Electrical Work Permit

This authorization must be available at the work location. This permit is valid for one shift.

1. Location/Space *(To be completed by permit requestor)*		
Building:	Location:	
Date:	Issue Time:	Expiration Date/Time:

2. Work to be Performed *(To be completed by permit requestor)*
Description of the project and location (e.g. install circuit breaker in…):
Justification why the circuit/equipment cannot be de-energized:

3. Safety Precautions *(Completed by the qualified person doing the work)* **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 **Use Appendix B & ensure all workers sign**		
Other Hazards Present (e.g. working at height)		

Additional Permits (check as appropriate)
□Hot Work □Permit-required Confined Space □Other (describe)___

Required PPE
□ Hearing protection □ F/R clothing □ Safety glasses with side shields □ Hard hat
□ Voltage-rated gloves □ Arc-rated face shield □ Other (as required by NFPA 70E) □ Class E □ Class G
Class _____
□ Leather protectors

How are unqualified persons restricted from the work area?	

4. Approvals *Assistant Vice President of Utilities and Maintenance or designee*			
Print Name	**Signature**	**Date**	**Approval**
			□ Approved □ 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? □ Radio □ Phone □ Other	(check when complete)	

Do you agree the work described above can be done safely? □Yes □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.	
□Yes □No	**Name(s)**

7.Work Completion		
Electrical Work Complete:	Date:	Time: