

ENERGIZED ELECTRICAL WORK PERMIT

PART I: TO BE COMPLETED BY THE REQUESTER:

Job/Work Order Number: _____

(1) Description of circuit/equipment/job location:
 SWGR #1 _____

(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:

Requester/Title _____

Date _____

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

(1) Detailed job description procedure to be used in performing the above detailed work: _____

Check When Complete

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

| | | | | | |
|----------------|------------|-------------------------------------|-------------------------|------------------|-----------|
| Flash Boundary | 55 inch | Flash Hazard | 6.2 cal/cm ² | Working Distance | 18 inches |
| Shock Hazard | 480 VAC | Limited Approach | 42 inch | Glove Class | 00 |
| | | Restricted Approach | 12 inch | | |
| | | Prohibited Approach | 1 inch | | |
| Required PPE | Category 2 | Cotton Underwear + FR Shirt & Pants | | | |

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

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

(5) Do you agree the above described work can be done safely? Yes No (If no, return to requester)

Electrically Qualified Person(s) _____

Date _____

Electrically Qualified Person(s) _____

Date _____

PART III: APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED:

 Maintenance/Engineering Manager

 Manufacturing Manager

 Safety Manager

 Electrically Knowledgeable Person

 General Manager

 Date