**ENERGIZED ELECTRICAL WORK PERMIT FORM**

*Part I (to be completed by the electrically qualified person doing the work):*

Work Order Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Standing Permit: Effective Dates\_\_\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| 1 | Description of circuit/ equipment/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: |  |
| 4 | Results of the Shock Hazard Analysis:  |  |
| 5 | Determination of Shock Protection Boundaries:  |  |
| 6 | Results of the Arc Flash Hazard Analysis: |  |
| 7 | Determination of the Arc Flash Protection Boundary: |  |
| 8 | Necessary personal protective equipment to safely perform the assigned task: |  |
| 9 | Means employed to restrict access of unqualified persons from the work area |  |
| 10 | Evidence of completion of a job briefing, including a discussion of any job-related hazards: |  |
| 11 | Do you agree the above described work can be done safely?  | [ ] Yes [ ] No *(If no, return to supervisor)* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Name of electrically qualified person performing work |  | Signature  |  | Date |
|  |  |  |  |  |
| Name of electrically qualified person performing work |  | Signature  |  | Date |

PART II *(approval(s) to perform the work while electrically energized):*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Shop Lead |  | Facility Shop Supervisor/Manager |
|  |  |  |
| Director, Facility Management |  | Environmental Health and Safety Representative |
|  |  |  |
| Electrically Knowledgeable Person*(SSU Electrician- not performing the work)* |  | Date |