

ENERGIZED ELECTRICAL WORK PERMIT

PART I: TO BE COMPLETED BY THE REQUESTER:

Job/Work Order Number _____

- 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: _____

Requester/Title

Date

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

- | | Check when Complete |
|--|--------------------------|
| 1) Detailed job description procedure to be used in performing the above described work:

_____ | <input type="checkbox"/> |
| 2) Description of the Safe Work Practices to be employed: _____
_____ | <input type="checkbox"/> |
| 3) Results of the Shock Hazard Analysis: _____
_____ | <input type="checkbox"/> |
| 4) Determination of the Shock Protection Boundaries: _____
_____ | <input type="checkbox"/> |
| 5) Results of the Flash Hazard Analysis: _____
_____ | <input type="checkbox"/> |
| 6) Determination of the Flash Protection Boundary: _____
_____ | <input type="checkbox"/> |
| 7) Necessary personal protective equipment to safely perform the assigned task: _____
_____ | <input type="checkbox"/> |
| 8) Means employed to restrict the access of unqualified persons from the work area: _____
_____ | <input type="checkbox"/> |
| 9) Evidence of completion of a Job Briefing including discussion of any job-specific hazards: _____
_____ | <input type="checkbox"/> |
| 10) Do you agree the above described work can be done safely? <input type="checkbox"/> Yes <input type="checkbox"/> 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:

Manufacturing Manager

Maintenance/Engineering Manager

Safety Manager

Electrically Knowledgeable Person

General Manager

Date

Note: Once the work is complete, forward this form to the site Safety Department for review and retention.