

## Electrical Safety Program – Energized Electrical Work Permit

Work Request (To be completed by the person requesting the review)			
Work site location: (Building & room number)		Work order/project no:	
Planned start date/time:		Planned end date/time:	
Description of work:			
Equipment requested to be shut down (specify how long)			
	<input type="checkbox"/> Until work is complete <input type="checkbox"/> Temporarily, while barriers are being placed		
Requested by:	Signature:	Title:	Date:
Hazard Analysis (To be completed by the Electrically Qualified Persons doing the work.)			
Electrical shock Analysis/Approach Boundaries:: Limited approach boundary: Restricted approach boundary:	(from NFPA 70E Table 130.4 (D) (2018) _____ ft _____ in _____ ft _____ in <input type="checkbox"/> Work will be conducted within this boundary		
Results of the flash hazard analysis:	<input type="checkbox"/> Determined from Table. NFPA 70E130.7(C)(15)(A)&(B) <input type="checkbox"/> Calculation results _____ ft _____ in		
Hazard/risk category for the task: Arc- rating (in cal/cm <sup>2</sup> ) for clothing:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 (from Tables 130.7 (C)(15) (A) & (B)) <input type="checkbox"/> N/A <input type="checkbox"/> 4 (cat 1) <input type="checkbox"/> 8 (cat 2) <input type="checkbox"/> 25 (cat 3) <input type="checkbox"/> 40 (cat 4)		
<input type="checkbox"/> Voltage-rated tools <input type="checkbox"/> Voltage-rated gloves <input type="checkbox"/> Heavy leather gloves <input type="checkbox"/> Hearing protection (plugs) <input type="checkbox"/> Safety glasses or goggles <input type="checkbox"/> Leather work shoes <input type="checkbox"/> Class E hard hat <input type="checkbox"/> Hard hat liner – Arc-rated	<input type="checkbox"/> Shirt, short sleeve (natural fiber) <input type="checkbox"/> Shirt, long-sleeve (natural fiber) <input type="checkbox"/> Long pants (natural fiber) <input type="checkbox"/> Shirt, long-sleeve – Arc-rated <input type="checkbox"/> Long pants – Arc-rated <input type="checkbox"/> Coveralls – Arc-rated <input type="checkbox"/> Rainwear – Arc rated	<input type="checkbox"/> Flash suit jacket – Arc-rated <input type="checkbox"/> Flash suit pants – Arc-rated <input type="checkbox"/> Flash suit hood – Arc-rated <input type="checkbox"/> Face shield – Arc-rated <input type="checkbox"/> Balaclava – Arc-rated <input type="checkbox"/> 25-Cal Suit <input type="checkbox"/> 40-Cal Suit	
Means employed to restrict the access of unqualified persons from the work area:	<input type="checkbox"/> Signs/tags <input type="checkbox"/> Barricades <input type="checkbox"/> Attendants		
Has a documented job briefing with detailed procedures been conducted?	<input type="checkbox"/> Yes, see attached <input type="checkbox"/> No		
Do you agree that the work described above can be completed safely?	Signature - Electrically Qualified Person(s)	Date	
Justification for the live work request:	<input type="checkbox"/> Shut down creates an increased/additional hazard (specify):		
	<input type="checkbox"/> Shut down is infeasible due to design or operational limitations (specify):		
The next available date for shutdown is:			
Request for energized electrical work:	Signature-Electrically Qualified Person (s):	Date	
Proposed Energized Electrical Work Review (Completed by FRES Departmental Management or Appropriate Director of Facilities.			
<b>Proposed energized electrical work has been reviewed by:</b>	Signature - Supervisor:	Date:	
	Signature – Director or Trades or Facilities	Date:	
	Signature – EHRS:	Date:	