**Energized Electrical Work Permit**

Company/Establishment Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires

Description of circuit/ electrical equipment/ location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_

Description of work to be done \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_

Reason work on energized electrical equipment is justified (voltage, limited approach boundary, restricted approach boundary, PPE and other equipment needed to safely perform tasks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_

Results of Shock Risk Assessment (voltage to which persons will be exposed, shock boundaries, PPE needed to minimize shock risk): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Results of Arc Flash Risk Assessment (incident energy at working distance or arc flash PPE category, PPE needed, arc flash boundary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Safe Work Practices [modify list consistent with electrical hazards and risk]:

* Qualified person is assigned to perform work.
* Trained first-aid and emergency personnel are provided.
* There is adequate working clearance and egress.
* Communications are operative.
* Work area has adequate lighting.
* Attendant and stand-by person are provided.
* Voltage-rated insulated tools are provided.
* Conductive items are removed (jewelry, watches, buckles, badge-holders).
* Equipment has been de-energized and isolated to the extent feasible.
* Other:

Means used to restrict unqualified persons from the area: \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_

Job briefing completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job-specific hazards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Energized Work Approval**

Authorizing Agent(s) \_\_\_Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_