

# ENERGIZED ELECTRICAL WORK PERMIT



## Appendix "E" Energized Electrical Work Permit

**Part I: TO BE COMPLETED BY THE PERSON REQUESTING THE WORK BE COMPLETED IN AN ENERGIZED STATE:**

**OSHA 29 CFR 1919.333 (a) (1) requires that all electrical installation over 50 volts be placed in an electrically safe condition prior to working on, or near, any exposed electrical parts.**

**I understand that I am placing the person working on the electrical circuit in a potentially life threatening situation.**

**(1) Description of equipment and 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: (attach additional documentation if necessary)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Requester/Title (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requester Signature

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

Work order number: \_\_\_\_\_

**(1) Criteria for energized work: (check one)**

- A. Creates a greater hazard \_\_\_\_\_
- B. Life Safety \_\_\_\_\_
- C. Continuous Industrial Process \_\_\_\_\_

**(2) Verification of the electrical circuit to be worked on:**

Panel Name: \_\_\_\_\_

Circuit Number: \_\_\_\_\_

OCPD Info Maintained per manufactures specs: Yes/No (If **no** return to requestor)

Breaker

Fuse

Rating \_\_\_\_\_

Clearing Time \_\_\_\_\_

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

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(4) Shock Hazard Analysis: Voltage Level Phase to Phase \_\_\_\_\_

Approach Boundaries: Limited \_\_\_\_\_ Restricted \_\_\_\_\_

(5) Results of Flash Hazard Analysis:

Flash Protection Boundary: \_\_\_\_\_ (Assumed or Calculated)

Hazard/Risk Category \_\_\_\_\_ OR Calculated Flash Hazard at 18" \_\_\_\_\_

(6) Necessary personal protective equipment to safely perform the assigned task including the method used to determine the appropriate personal protective equipment: \_\_\_\_\_

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

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

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(9) Do you agree the above described work can be done safely? YES / NO (circle: If no return to requester)

\_\_\_\_\_  
Electrically Qualified Person(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electrically Qualified Person(s)

\_\_\_\_\_  
Date

## Part III: AUTHORIZED SIGNATURE OF APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED:

(1) Do you agree the above described work can be done safely? YES/NO (circle: If no return to requester)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
Date

## Part IV: DOCUMENTATION OF ELECTRICALLY ENERGIZED WORK:

I understand that the above Energized Work was completed on \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Supervisor

NOTE: Once work is complete, forward a copy of this form to EH&S.