

**TABLE D – ENERGIZED ELECTRICAL WORK PERMIT**

**PART I: TO BE COMPLETED BY THE REQUESTER:**

Job/Work Order Number: \_\_\_\_\_

- 1. Description of the 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 detailed work: \_\_\_\_\_
- 2. Description of the Safe Work Practices to be employed: \_\_\_\_\_
- 3. Results of the Shock Risk Assessment: \_\_\_\_\_ 
  - (a) Voltage to which personnel will be exposed
  - (b) Limited approach boundary
  - (c) Restricted approach boundary
  - (d) Necessary shock personal and other protective equipment to safely perform assigned task
- 4. Results of the Arc Flash Risk Assessment: \_\_\_\_\_ 
  - (a) Available incident energy at the working distance or Arc Flash PPE Category
  - (b) Necessary arc flash personal and other protective equipment to safely perform the assigned task
  - (c) Arc flash boundary
- 5. Means employed to restrict the access of unqualified persons from the work area: \_\_\_\_\_
- 6. Evidence of completion of a Job Briefing including a discussion of any job-specific hazards: \_\_\_\_\_
- 7. Do you agree the above described work can be done safely?  Yes  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 this work is complete, forward to the Corporate Safety Director for review and retention.**