Check one: ☐ NON-ENERGIZED ELECTRICAL WORK PERMIT*  ☐ 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) Results of the Shock Hazard Analysis
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Requester/Title _________________________________ Date ________________

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

(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 Hazard Analysis:
________________________________________________________________________________________
________________________________________________________________________________________

(4) Determination of Shock Protection Boundaries: ____________________________________________________________

(5) Results of the Flash Hazard Analysis:
________________________________________________________________________________________

(6) Determination of the Flash Protection Boundary: ____________________________________________________________

(7) Necessary personal protective equipment to safely perform the assigned task: ____________________________________________________________

(8) Mean employed to restrict the access of unqualified persons from the work area: ____________________________________________________________

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

(10) 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:

Subcontractor Supervisor _________________________________ Electrical Safety Officer _________________________________

Project Manager _________________________________ UT-B Level II Manager _________________________________

*For verification of de-energized circuits, physical isolation of de-energized (but potentially shared) neutrals, etc.

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