# Energized Electrical Work Permit

## Part I: To be completed by the requester

1. Date:  
2. Job/WO Number:  
3. Job Name:  
4. Equipment ID/Circuit/Panel:  
5. Description of work location (building/floor/room):  
6. Description of work to be done:  
7. Justification why circuit/equipment cannot be turned off:  
   - Impacts Project: Yes  
   - No  
   - Specify Project Impact:  
8. Requester Name/Title:  
   - Signature:  
   - Date:  
9. Supervisor Name/Title:  
   - Signature  
   - Date:  

## Part II: To be Completed by the Electrically qualified person(s) performing the work

1. Voltage Rating of the Equipment: 120V/208V  
   - 277V/480V  
2. Detailed job description procedures to be used in performing the above work:  
3. Description of the Safe Work Practices to be employed:  
4. Results of the Shock Hazard Analysis:  
   - a. Limited approach boundary  
   - b. Restricted approach boundary  
   - c. Necessary arc flash personal and other protective equipment to safely perform assigned task  
5. Results of the arc flash 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  
9. Means employed to restrict the access of unqualified persons from the work area  
10. Completed Job Hazard Analysis?  
   (Attach to this form)  
11. Completed pre-job briefing?  
11. Do you (Qualified Person) agree the above-detailed work can be done safely?  
   - Yes  
   - No  
   (If no, provide explanation and return to the Requester.)

## Part III: Final approvals to perform the work while electrically energized

1. Electrically Qualified Person’s Name/Title:  
   - Date:  
2. Supervisor Name/Title:  
   - Signature:  
3. Superintendent Name/Title:  
   - Signature:  

*Once work is complete, retain this form for one year for review by FM-Occupational Health and Safety*