

ENERGIZED ELECTRICAL WORK PERMIT

Date: _____

PART 1: TO BE COMPLETED BY PERMIT REQUESTER

1. Job/ work order #:

2. Job location/circuit/equipment:

3. Description of work to be performed:

4. Justification of why the circuit/equipment cannot be de-energized?

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PART 2: SAFETY PRE-CAUTIONS (TO BE FILLED OUT BY PERSON DOING THE WORK)

1. Risk assessments:

Shock risk assessment:	Voltage personnel will be exposed to:	
	Limited approach boundary (NFPA 70E table 130.4D(a))	
	Restricted approach boundary (NFPA 70E table 130.4D(a))	
Arc flash risk:	Arc flash PPE category (from equipment label or NFPA 70E table 130.7(C)15(A)(b))	
	Arc flash boundary (from equipment label or NFPA 70E table 130.7(C)15(A)(b))	
Safe work practices to be used:		
How are unqualified persons restricted from the work area?	Will boundary barricades be used?	YES NO

2. Required PPE for this work task:

- | | |
|---|---|
| <input type="checkbox"/> Hard hat
<input type="checkbox"/> Safety glasses/ goggles
<input type="checkbox"/> Arc-rated face shield
<input type="checkbox"/> Voltage rated rubber gloves with outer layer of leathers
<input type="checkbox"/> Balaclava (if applicable)
<input type="checkbox"/> Dust mask/respirator | <input type="checkbox"/> F/R clothing
<input type="checkbox"/> Arc-rated hard hat
<input type="checkbox"/> Hearing protection
<input type="checkbox"/> Electrical rated shoes
<input type="checkbox"/> Arc-rated safety harness |
|---|---|

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3. Has job briefing/discussion been conducted (as appropriate) to discuss hazards?

YES

NO

4. Is a standby person with current first aid/CPR required training, PPE, and emergency communication capability available?

YES

NO

5. Do you agree that the above described work can be done safely?

YES

NO

****If NO, do not perform the work****

6. Name of person(s) doing the work:



7. Have personnel who may be in the area, and may be impacted, been informed?

YES

NO

8. Additional work permits that may be required for this job:

Hot work permit

Confined space permit

Other (list)

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PART 3: APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED

Approving Supervisor: _____ Date: _____

OR

Safety Coordinator: _____ Date: _____

OR

Director or Asst. Director of Facilities Management: _____

Date: _____

PART 4: REQUESTOR & PERSONNEL SIGNATURES

Signature: _____ Date: _____

Signature: _____ Date: _____

Please check if the signature(s) above is of the requestor, personnel who performed the work, or both.

Requestor

Worker

Both