



Winter Garden, FL 34787
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EC0003033

ENERGIZED ELECTRICAL WORK PERMIT

Part I: TO BE COMPLETED BY THE REQUESTOR:

Job/Work Order Number: _____

- 1. Description of circuit/equipment/job location: _____
- 2. Description of work to be completed: _____
- 3. Justification of why the circuit/equipment cannot be de-energized or the work deferred until the next scheduled outage: _____

Requestor/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 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. Means 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 Requestor)

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 the work is complete, forward this form to the Site Safety Department for review and retention.