



ENERGIZED ELECTRICAL WORK PERMIT

An energized work permit is required when energized work is performed within the restricted approach boundary or when the employee interacts with the equipment when conductors or circuit parts are not exposed but an increased likelihood of injury from an exposure to an arc flash hazard exists. Energized work shall be permitted when de-energizing equipment introduces additional hazards or increased risk and when it can be demonstrated that the task to be performed is infeasible in a de-energized state. An energized work permit is not required for troubleshooting and diagnostic testing.

SECTION I. WORK REQUEST

This section of the permit is to be completed by individual requesting the work (typically supervisor of employees who will be performing work).

Job Location: _____ Work Order #: _____

Description of Circuit/Equipment: _____

Description of Work to Be Done: _____

Work Start Date/Time: _____ Work End Date/Time: _____

Department Performing Activity: _____

Justification of why the circuit/equipment cannot be de-energized or the work deferred until next scheduled outage:

Requester Name/Title _____ Date _____

SECTION II. HAZARD ASSESSMENT and SAFETY PRECAUTIONS

The electrically qualified workers who will be performing the task are responsible for completing this section of the permit.

Shock Protection: Voltage: _____ Limited Approach Boundary: _____ Restricted Approach Boundary: _____

Arc Flash Protection: Available incident energy at working distance: _____ Arc Flash Boundary: _____

PPE Selection Method: Incident Energy Analysis Arc Flash PPE Category Arc rating of clothing or arc flash PPE category: _____

Required PPE (check all that apply): AR Long-Sleeve Shirt AR Pants AR Coveralls AR Flash Suit AR Face Shield

AR Balaclava AR Hood AR Outerwear Safety Glasses/Goggles Leather Footwear Dielectric Over Boots Hard Hat

Hearing Protection Heavy-Duty Leather Gloves Rubber Insulating Gloves w/ Leather Protectors - Class 0 Class 1 Class 2

Note: Meltable fibers such as acetate, nylon, polyester, polypropylene, and spandex are not permitted in fabric underlayers.

Other equipment (insulated blankets, covers, sleeves, hand tools, ladders, etc.): _____

Do you agree that the work described above can be done safely? YES NO

Electrically Qualified Person in Charge of Work _____ Date _____ Electrically Qualified Person Participating in Work _____ Date _____

SECTION III. APPROVAL TO PERFORM WORK WHILE ELECTRICALLY ENERGIZED

Facilities Services Supervisor Name/Title _____ Signature _____ Date _____

Facilities Services Director Name/Title _____ Signature _____ Date _____

LIVE WORK ON THIS EQUIPMENT IS: APPROVED NOT APPROVED

SECTION IV. JOB BRIEFING

Prior to starting the job, the employee in charge shall conduct a job briefing with all involved personnel using the following checklist.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Can the equipment be de-energized? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are back feeds of the circuits to be worked on possible? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have all sources of energy been identified? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have Lockout/Tagout measures been implemented? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are measures in place to account for all persons who could be exposed to hazardous energy during the lockout/tagout? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have all conductive articles of jewelry and clothing been removed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have underlayers of clothing with melttable fibers (nylon, polyester, spandex, etc.) been removed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have all personnel have been adequately trained in procedures for this activity (qualified)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have all affected departments been notified of the activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do all personnel have and know how to use required PPE and other special safety equipment? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the activity area been properly secured with barricades and warning signs to restrict access of unqualified personnel? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are all participants familiar with emergency response plan and know how to contact emergency services? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is a "standby person" available, trained in CFR/AED and have a first responder bag? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will this activity be performed in a confined space? If yes, contact EH&S for confined space entry permit. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have all affected personnel participated in this job briefing? (List participants and signatures below) |

Briefing Participants (print and sign name): _____

Job Briefing Performed By: _____ Date: _____

SECTION V. CONTRACTOR SAFETY

When contractors are engaged in activities, use the following checklist to conduct job briefing.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Will contractors participate in this energized work activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the contractor been informed of the hazards identified and measures taken to protect employees from these hazards? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has the contractor informed the host employer of their electrical safety program including lockout/tagout procedures? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have all affected personnel participated in this contractor briefing? |

ECU Representative: _____ Date: _____

Contractor Representative: _____ Date: _____

SECTION VI. CORRECTIVE ACTION

Problems encountered during an energized work operation must be noted so that appropriate revisions to the permit program can be made.

Deficiencies Identified During Energized Work Activity and Corrective Action Plan: _____

NOTE: When work is complete, forward this form to EH&S at 211 South Jarvis Street, Suite 102 (mail stop 207) or scan and e-mail to safety@ecu.edu. Also provide copy to Chair of ESP. Direct questions to EH&S by phone at 328-6166 or by e-mail at safety@ecu.edu.