

ENERGIZED ELECTRICAL WORK PERMIT

Supervisor, Contractor's Competent Person, or VA Project Engineer (if no contractor):			
Printed Name:		Sign:	
Work start/stop dates:	From:	AM PM	To: AM PM
EQUIPMENT NAME, LOCATION AND DESCRIPTION:		Work order number:	
DESCRIPTION OF WORK TO BE PERFORMED:			
JUSTIFICATION FOR ENERGIZED WORK (reason why job cannot be postponed until shutdown):			
ELECTRICAL ENERGY SOURCES PRESENT: Check all that apply: <input type="checkbox"/> 120 volts <input type="checkbox"/> 277 volts <input type="checkbox"/> DC Voltage _____ <input type="checkbox"/> 208 volts <input type="checkbox"/> 480 volts <input type="checkbox"/> Emergency power <input type="checkbox"/> 240 volts <input type="checkbox"/> Other (describe): _____ <input type="checkbox"/> <50 volts (permit MAY not be required)			
RESULTS OF SHOCK AND FLASH ANALYSES (See NFPA 70E Article 130, Elements of Work Permit): 1. Results of the shock hazard analysis: a. Limited approach boundary _____ b. Restricted approach boundary _____ c. Prohibited approach boundary _____ d. Necessary shock personal and other protective equipment to safely perform assigned task _____ 2. Results of the arc flash hazard analysis: a. Available incident energy or hazard/risk category _____ b. Necessary arc flash personal and other protective equipment to safely perform the assigned task _____ c. Arc flash boundary _____			
Note: Employee work above Incident Energy exposure of 40 cal/cm ² is PROHIBITED (work must be contracted) Incident Energy exposure greater than 12 cal/cm ² requires full complement of appropriately rated ARC Flash PPE.			
REQUIRED PERSONAL PROTECTIVE EQUIPMENT:			Cal/Volt Rating
<input type="checkbox"/> Non-melting, untreated natural fiber clothing, all layers	<input type="checkbox"/> Voltage-rated rubber gloves (Level 1+)	_____	
<input type="checkbox"/> Shirt (long-sleeve)	<input type="checkbox"/> Flame-retardant coveralls (Level 1+)	_____	
<input type="checkbox"/> Pants (long)	<input type="checkbox"/> Type 1, Class E hard hat (Levels 1&2)	_____	
<input type="checkbox"/> Polycarbonate safety glasses	<input type="checkbox"/> Arc-rated face shield (Levels 1&2)	_____	
<input type="checkbox"/> Ear protection	<input type="checkbox"/> FR flash suit and hood (Level 3+)	_____	
<input type="checkbox"/> EH-rated footwear	<input type="checkbox"/> Switchboard matting/insulated blankets	_____	
<input type="checkbox"/> Insulated tools	<input type="checkbox"/> Other items (specify) _____	_____	
<input type="checkbox"/> Leather gloves (inspect before each use)			
BARRIERS (to prevent access to flash protection and limited approach boundaries) <input type="checkbox"/> Locked access <input type="checkbox"/> Electrical hazard signs <input type="checkbox"/> Barrier tapes, stanchions <input type="checkbox"/> Other (describe): _____			
SUPERVISOR'S PRE-JOB BRIEFING BY: Printed Name:		Sign:	
<input type="checkbox"/> Workers are "qualified" (see 29 CFR 1910.399) with a journeyman electrical rating.			
<input type="checkbox"/> Safety watch is required. This person must be "qualified," able to disconnect all power sources with proper PPE, and have immediate access to a telephone or radio to summon help in the event of an emergency.			
<input type="checkbox"/> All jewelry and metal apparel has been removed.			
<input type="checkbox"/> Confirmed that insulated tools, EH-rated footwear, switchboard matting, FR-clothing and other equipment is available, in good condition, and appropriate for the hazard level to be encountered.			
<input type="checkbox"/> Verified that barricades and warning signs are installed.			
<input type="checkbox"/> Outlined safe work practices to be followed (document under Special Instructions, below).			

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<input type="checkbox"/> Special instructions and specific job-related hazards:			
<input type="checkbox"/> STOP WORK POINTS: Permit is void if any unexpected energy is found, or equipment has been modified since the permit was issued.			
EQUIPMENT NAME, LOCATION AND DESCRIPTION:		Work order number:	
QUALIFIED PERSONS that understand and agree to the above plan:			
Print name(s):	Signature(s) & Date:	Printed name(s):	Signature(s) & Date:
SAFETY WATCH:			
Print name(s):	Signature(s) & Date:	Printed name(s):	Signature(s) & Date:
APPROVALS	PRINT	SIGN	DATE
Peer review (2 nd qualified person that agrees the work can be safely completed)			
Maintenance Supervisor			
Project Manager			
Safety Manager			
Site Manager			
Chief, Engineering Svc (See Note)			
Medical Center Director (See Note)			
Note: IAW VHA Directive 1028, 25 Jul 14, "Any energized electrical work plan must have the prior knowledge and approval of the medical facility Director. However, the Chief of Engineering Service may approve energized electrical work plan for Branch Circuits (i.e., those circuits and components thereof from the final overcurrent protecting devices to the outlets) that do not serve the critical patient care areas, such as Surgery Rooms, Critical Care, Intensive Care, Dialysis Units, Isolation Rooms, Catheterization Laboratories, Emergency Rooms, or Sterile Processing Areas."			
Work completed date/time:		List any unexpected hazards or "STOP WORK" issues encountered:	