

Attachment 8 – Energized Electrical Work Permit

Santa Clara University - Energized Electrical Work Permit		
<i>Complete form and obtain approval each time work cannot be accomplished in a verified de-energized condition.</i>		
One time Use Only <input type="checkbox"/>	Extended Duration <input type="checkbox"/>	
Start Date:	End Date:	
Building:	Room Number:	
Responsible Supervisor:		
Description of procedure (<i>work to be done</i>):		
Description of Circuit / Equipment:		
Justification for why equipment cannot be de-energized:		
Result of Shock Hazard Analysis (NFPA-70E 2012 130.2-130.4)		
Maximum Voltage:		
Glove Voltage Rating (<i>inspect gloves before use and check certification date</i>):		
Limited Approach Boundary: (ft)	Restricted Approach Boundary: (ft)	Prohibited Approach Boundary: (ft)
Result of Arc Flash Hazard Analysis (NFPA-70E 2012 130.7(C)(15)(a))		
Flash Protection Boundary: (ft)		
Required PPE (<i>verify that proper PPE is in place by marking boxes of verified PPE requirements</i>):		
<input type="checkbox"/> All Natural Fiber Outerwear		
<input type="checkbox"/> Arc Rated Clothing Hazard/Risk Category: Rating of Cal/cm ² :		
<input type="checkbox"/> Required Additional PPE:		
Safety Checklist (<i>verify that proper controls are in place by marking boxes of verified requirements</i>):		
<input type="checkbox"/> Workers are trained, qualified and have full knowledge of equipment		
<input type="checkbox"/> Safety watch is required		
<input type="checkbox"/> The Safety watch personnel is trained, qualified, able to cut off all power sources and has phone or radio		
<input type="checkbox"/> Insulated tools and equipment are required and on hand		
<input type="checkbox"/> Barricades and warning signs are needed and in place		
<input type="checkbox"/> Documented job briefing including discussion of any job specific hazard		
<input type="checkbox"/> Attached are added information, special requirements, procedures, or written work plans		
Approvals		
Hazard Analysis performed by:		Date:
Project Supervisor:		Date:
Facilities or Utilities Director:		Date:
Authorized Workers (<i>signature indicates understanding and agreement to the above</i>):		
Name (<i>print</i>)	Signature	Date