



IHG Consulting LLC

## Energized Electrical Work Permit

### Part I: TO BE COMPLETED BY THE REQUESTER:

Job/Work Order Number \_\_\_\_\_

(1) Description of circuit/equipment/job location: \_\_\_\_\_

(2) Description of work to be done: \_\_\_\_\_

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

Requester/Title \_\_\_\_\_

Date \_\_\_\_\_

### Part II: TO BE COMPLETED BY THE ELECTRICALLY QUALIFIED PERSONS *DOING* THE WORK:

(1) Description of the Safe Work Practices to be employed: \_\_\_\_\_

(2) **Shock Hazard Analysis:** Voltage Level Phase to Phase \_\_\_\_\_

Approach Boundaries: Limited \_\_\_\_\_ Restricted \_\_\_\_\_ Prohibited \_\_\_\_\_

(3) **Results of Flash Hazard Analysis:**

Flash Protection Boundary: \_\_\_\_\_ (Assumed or Calculated)

Hazard/Risk Category \_\_\_\_\_ **OR** Calculated Flash Hazard at 18" \_\_\_\_\_

(4) Necessary personal protective equipment to safely perform the assigned task: \_\_\_\_\_

(5) Means employed to restrict the access of unqualified persons from the work area: \_\_\_\_\_

(6) Evidence of completion of a Job Briefing including discussion of any job-related hazards: \_\_\_\_\_



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(7) Do you agree the above described work can be done safely? YES / NO (circle: If *no* return to requester)

\_\_\_\_\_  
Electrically Qualified Person(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electrically Qualified Person(s)

\_\_\_\_\_  
Date

### **Part III: APPROVAL(S) TO PERFORM THE WORK WHILE ELECTRICALLY ENERGIZED:**

\_\_\_\_\_  
Approving Supervisor

\_\_\_\_\_  
Date

### **Part IV: DOCUMENTATION OF ELECTRICALLY ENERGIZED WORK:**

I understand that the above Energized Work was completed on \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Supervisor

NOTE: Once work is complete, forward a copy of this form to REM.