UVM PPD ENERGIZED ELECTRICAL WORK PERMIT

Part I: TO BE COMPLETED BY THE REQUESTER:
Job/Work Order Number ____________________

(1) Description of circuit/equipment type & number/specific job location (bldg., room, area):
<table>
<thead>
<tr>
<th>Building:</th>
<th>Equipment Type:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room:</td>
<td>Circuit:</td>
</tr>
<tr>
<td>Specific Area:</td>
<td>Famis EQU#:</td>
</tr>
</tbody>
</table>

(2) Description of work to be done:
- Voltage/Current Measurements ☐
- Opening/Closing Disconnects/Breakers ☐
- Racking Breakers ☐
- Removing Panels and Dead Fronts ☐
- Removing Equipment Doors for Inspection ☐
- Other ____________________________

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

_______________________________________  ______________
Requester Name/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 (inches): 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 and tools to safely perform the assigned task:
______________________________________________________________________________________________________
______________________________________________________________________________________________________

(5) Means employed to restrict the access of unqualified persons from the work area:
- Signage Posted ☐
- Barrier Tape ☐
- Closed Door/Physical Restriction of Access ☐
- Other ____________________________

(6) Evidence of completion of a Job Briefing including discussion of any job-related hazards:
- Was a verbal conversation (phone call) conducted with an Electrical Supervisor? Yes ☐  No ☐
- Were specific safe work practices, PPE, and tools discussed with the Electrical Supervisor? Yes ☐  No ☐
- For HRC3: Did the Electrical Supervisor conduct a site visit? Yes ☐  No ☐
- For HRC4: Did the Electrical Supervisor and Safety Designee conduct a site visit? Yes ☐  No ☐
- Did the Electrical Supervisor agree the live work can be performed safely? Yes ☐  No ☐

NOTE: Once this form is complete with signatures, forward a copy of this to the Training and Compliance Office.
PHYSICAL PLANT DEPARTMENT, TRAINING & COMPLIANCE OFFICE
284 East Avenue, Burlington, Vermont, 05405-0501
(802)656-7233 (SAFE) • fax: (802)764-6620 • www.uvm.edu/~uvmppd/TCO

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***IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS “NO”, DO NOT PERFORM LIVE WORK!***

(7) Do you agree the above described work can be done safely? Yes ☐ No ☐

__________________________ _________  __________________________ _________  
Electrically Qualified Person(s)      Date          Electrically Qualified Person(s)     Date

***AFTER COMPLETING WORK, SEND THIS FORM TO AN ELECTRICAL SUPERVISOR FOR REVIEW!***

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

_______________________________________     ______________    
Approving Electrical Supervisor                            Date    
(REQUIRED for HRC0-4 Live Work)

_______________________________________     ______________    
Approving Electrical Safety Team Manager                           Date    
(REQUIRED only for HRC3-4 Live Work)

_______________________________________  ______________    
TCO Safety Programs Manager / Coordinator             Date    
(REQUIRED only for HRC4 Live Work)

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