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):

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<thead>
<tr>
<th>Building:</th>
<th>Equipment Type:</th>
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<table>
<thead>
<tr>
<th>Room:</th>
<th>Circuit:</th>
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<table>
<thead>
<tr>
<th>Specific Area:</th>
<th>Famis EQU#:</th>
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(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 ☐
- Was SOS called and Confined Space Rescue Truck dispatched to have AED on-site for HRC3&4? 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:

__________________________________________________________ Date

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

__________________________________________________________ Date

Approving Electrical Safety Team Manager (Rick Weld or Mike Enos)
(REQUIRED only for HRC3-4 Live Work)

__________________________________________________________ Date

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

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