

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):

Building:	Equipment Type:
Room:	Circuit:
Specific Area:	Famis EQU#:

(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:

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) Date

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